	Coni	necticut Dep	artment of	Public F	Health	Drin	nkin	g W	ater	Se	ction	
		Water Oua	ality Monit	oring an	d Com	nplia	nce	Sch	edul	e		
PWS ID	PWS N		- <u>- </u>	- 0 -			ication				er Type P	rimary Sour
CT086144	42 LAURE	L LOCK CAMPGROU	ND - STORE WELL			N	IC	1	50		Р	GW
Local Add	dress (where a	oplicable)		Service	Residen	tial Co	mmer	cial I	ndustria	al	Combined	Agricultui
15 COTTA	AGE ROAD			Connections	34							
Towns Se	erved: MONTVI	LLE		1								
			Monito	oring Requ	uireme	nts						
Water Sy	ystem Facility	: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100	0)							1	rou	tine (RT)	oer quarte
Sam	pling Point (So	ampling Point ID)			Monitori	ng Peri	od	Collect	tion Per	iod	Compli	ance Status
Sele	ct from Invent	ory of Active Samplir	ng Points		10/1/18 -	12/31/	/18				Co	mplete
					4/1/19 -	6/30/1	.9					
					7/1/19 -	9/30/1	.9					
-	l Parameters								1	rou		oer quarte
		ampling Point ID)			Monitori			Collect	tion Per	iod		ance Status
Sele	ct from Invent	ory of Active Samplir	ng Points		10/1/18 -						Co	mplete
					4/1/19 -							
					7/1/19 -	9/30/1	.9					
		: ENTRY POINT (WSF ID: 00700)									
	And Nitrite										-	T) per yea
		ampling Point ID)			Monitori	_			tion Per	iod	-	ance Status
ENTI	RY POINT (3)				1/1/18 -				1-9/30		Co	mplete
					1/1/19 -				1-9/30			
					1/1/20 -		20	5/	1-9/30			
			Other Co	ompliance	e Sched	lules						
Complian	nce Schedule A	ctivity			ı	Due Da	te		Achie	ved L	Date	
SEASONA	AL START UP CO	OMPLETION			į	5/1/201	19					
		Water 9	System Facili	ity and Sa	mpling	Poin	t Inv	ento	ry			
Water							7	Total	Lead (and		
System	Water Syste	m Facility	Sampling Point		int			liform				Stag
Facility IL			ID	Description			itus	Rule	Rule	Tier	Asbestos	WQP 2 DB
00600	DISTRIBUTIO	N SYSTEM	4	DISTRIBUTIO			A	Υ				
			DOWNSTREAM				Ą					
			UPSTREAM	WITHIN 5 SEI			A					
00700	ENTRY POIN		3	ENTRY POINT	Γ		Д					
20046	STORE WELL		2	STORE WELL		,	Α					
			Con	tact Infor	mation							
Name			Oi	rganization							Job Title	
N/a Valar				ural Lask Cam								

			C	ontact Inf	ormation				
Name				Organization	า		Job Title		
Ms. Valerie B. Horr	nat			Laurel Lock	Campground	Partner	Partner		
Mailing Address Lin	e One		Mailing Add	lress Line Two		City	State	Zip Code	
15 Cottage Road						Oakdale	СТ	06370	
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address			
860-859-1424		860-859-	1424		860-213-1159				
Contact Role(s): A	dministrative	Contact							

C	onnectic	ut Depa	rtme	nt of	Public 1	Health	Drir	ıking	Water	Section		
	Wat	ter Qua	lity M	onito	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Prima	ry Source
CT0861442 L/	AUREL LOCK CA	MPGROUN	D - STORE	E WELL			N	С	50	Р	(GW
Local Address (who	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Ag	ricultural
15 COTTAGE ROAD)				Connection	s 34						
Towns Served: MC	NTVILLE						,				·	
Name				Org	ganization					Job Titl	e	
Mr. William And N	/lary Breda			Lau	urel Lock Car	mpgound			Owners			
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip	Code
15 Cottage Road								Oakdal	е	СТ	0	6370
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	Address			
860-859-1424		860-859-	1424			860-859	-2803					
Contact Role(s): L	egal Contact. (Owner						1				

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of				_			tion	
	Water Quality Monite	oring and	d Con	npl	iance S	schedul	e		
PWS ID	PWS Name			Clas	ssification	Population	Owner	r Type	Primary Source
CT0868041	ST. THOMAS MORE SCHOOL-FIELDHOUSE				NC	260	F)	GW
Local Address (where applicable)	Service	Residen	itial	Commercia	al Industria	al Co	ombine	d Agricultural
45 COTTAGE RO	DAD	Connections	1						

45 COTTAGE ROAD

Towns Served: MONTVILLE				'			
	Monit	oring Requiremen	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Complia	nce Status
Select from Inventory of Active Samp	oling Points	10/1/18 - 1	2/31/18			Con	nplete
		1/1/19 - 3	/31/19			Con	nplete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Complia	nce Status
Select from Inventory of Active Samp	oling Points	10/1/18 - 1	2/31/18			Con	nplete
		1/1/19 - 3	/31/19			Con	nplete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Water System Facility: ENTRY POINT	Γ (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Complia	nce Status
ENTRY POINT (3)		1/1/18 - 12	2/31/18			Con	nplete
		1/1/19 - 12	2/31/19				
		1/1/20 - 12	2/31/20				
	Other C	ompliance Schedu	les				
Compliance Schedule Activity		Dι	ie Date		Achieved I	Date	
RESPOND TO SANITARY SURVEY		11/	16/2016				
CROSS CONNECTION SURVEY REPORT		3/	1/2020				
Wate	r System Facil	ity and Sampling P	oint Ir	ventor	У		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos V	VQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				

System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform Rule	Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
1904	WELL #6	2	WELL #6	Α					
50957	BLADDER TANK								

				Contact Inf	formation					
Name				Organizatio	n			Job Title		
Mr. Sean Hanrahan				St Thomas N	More School					
Mailing Address Lin	e One		Mailing /	Address Line Two)	City State Zip Co				
45 Cottage Road						Oakdale		СТ	06370	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-367-4799		860-859-2	2989		860-367-4799	abarber@	stmct.org			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DW/S Name	Classification	Population	Owner Type	Drir

	<u> </u>	- 0 -		I			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0868041	ST. THOMAS MORE SCHOOL-FIELDHOUSE			NC	260	Р	GW
Local Address (where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
45 COTTAGE RO	DAD	Connections	1				

Towns Served: MONTVILLE

Contact Role(s): Administrative Contact, Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C	onnectic	ut Departme	nt of	Puhlic	Healt	h Drii	nkin	σ W:	ater	Sec	tion	
O.		ter Quality M					`	_			, (1011	
PWS ID PV	WS Name	ter Quality is	101111	ornig a	nu co		fication				25 Tupo D	rimary Source
		SMALL PAVILLION					NC		iation 60	Owne	er Type P	GW
Local Address (whe		SIVIALL PAVILLION		Service	Posid		ommero		ndustria	yl C	Combined	
OXOBOXO DAM RO				Connectio			Jillillerd	lai III	iuusti ia	11 C	Jonnonneu	Agricultural
Towns Served: MO				00111100010		L						
		N	/lonite	oring Re	auirem	ents						
Water System Fa	cility: DISTR	IBUTION SYSTEM			90							
Total Coliform (•		•						1	rout	ine (RT)	per quarter
-	nt (Sampling P	oint ID)			Monito	oring Peri	iod (Collecti	ion Per			iance Status
		ive Sampling Points				8 - 10/31,						mplete
	·					9 - 6/30/1						mplete
					7/1/1	9 - 9/30/1	19					<u> </u>
Physical Parame	ters (PPS)								1	routi	ine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monito	oring Peri	iod (Collect	ion Per	iod	Compl	iance Status
Select from In	ventory of Acti	ive Sampling Points			10/1/1	8 - 12/31,	/18				Co	omplete
					4/1/1	9 - 6/30/1	19				Co	omplete
					7/1/1	9 - 9/30/1	19					
Water System Fa	cility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Nitr	ite (NOX)									1 rc	outine (F	RT) per year
Sampling Poir	nt (Sampling P	oint ID)			Monito	oring Peri	iod (Collect	ion Per	iod	Compl	iance Status
ENTRY POINT	(3)					3 - 12/31/				_	_	mplete
						9 - 12/31/					Co	mplete
) - 12/31/	20					
		Ot	her C	omplian	ce Sche	edules						
Compliance Schedu	ule Activity					Due Da	ite		Achiev	ved D	ate	
RESPOND TO SANIT	TARY SURVEY					4/6/20:	19					
RESPOND TO SANIT	TARY SURVEY					4/6/20	19					
		Water System	Facili	ity and S	amplin	g Poin	t Inve	entor	ſy			
Water								otal	Lead o			
-	ystem Facility		_	Sampling I				liform	Сорр		0-66	Stage
Facility ID			D	Description			acus	Rule	Kule	iier i	Aspestos	WQP 2 DBPR
	UTION SYSTEM		1	DISTRIBUT			A	Υ				
00700 ENTRY P	OINT		3	ENTRY POI	NI		A					
21497 WELL			2	WELL			A					
				tact Info	ormatio	n						
Name				rganization							Job Title	
Mr. Donald Bordea		I		lontville Puk	olic Works				ector			
Mailing Address Lir		Mailing	Addres	s Line Two					ty		State	Zip Code
310 New London T							Uncas				СТ	06382
Business Phone	Extension	Fax	Mobi	le Phone	Emerger	icy Phone	Email	Addres	SS			

campoakdale@montville-ct.org

860-848-3974

860-625-3409

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-848-7473

860-848-7393

PWS ID	PWS Name					Classif	cation	Population	Owner Type	Primary Source
CT0860024	CAMP OAKDALE SN	1ALL PAV	ILLION			N	С	50	L	GW
ocal Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultura
OXOBOXO DAM	ROAD			Connection	1					
Γowns Served: Ν	10NTVILLE									
Name				Organization					Job Title	9
Montville										
violitville								City	State	Zip Code
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Couc
	Line One		Mailing Addr	ess Line Two				City	State	Zip couc

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departme	nt of	Public H	ealth	Drinki	ng Wa	ater S	ection	
Water Quality M								
PWS ID PWS Name		9 9		1			wner Type Pr	imary Source
CT0860034 THE CHESTERFIELD FIRE COMPANY, I	NC.			NC	2		L	GW
Local Address (where applicable)		Service	Resident	ial Comm	ercial In	dustrial	Combined	Agricultural
1606 ROUTE 85		Connections		1				
Towns Served: MONTVILLE				I .				
N	/lonito	oring Requ	iremer	nts				
Water System Facility: DISTRIBUTION SYSTEM	(WSF II	D: 00600)						
Total Coliform (3100)						1 rc	outine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		ı	Monitorin	ng Period	Collecti	on Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		1	.0/1/18 -	12/31/18			Co	mplete
			1/1/19 - :	3/31/19			Co	mplete
			4/1/19 -					
			7/1/19 - 9	9/30/19				
Physical Parameters (PPS)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitorin		Collecti	on Perio		ance Status
Select from Inventory of Active Sampling Points				12/31/18			Co	mplete
			1/1/19 - :				Co	mplete
			4/1/19 -					
			7/1/19 - 9	9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 0	00700)							
Nitrate And Nitrite (NOX)							1 routine (R	T) per year
Sampling Point (Sampling Point ID)		ı	Monitorin	ng Period	Collecti	on Perio	d Compli	ance Status
ENTRY POINT (3)			1/1/18 - 1	12/31/18			Co	mplete
			1/1/19 - 1	12/31/19				
			1/1/20 - 1	12/31/20				
Ot	her Co	ompliance	Sched	ules				
Compliance Schedule Activity			D	Due Date		Achieve	d Date	
RESPOND TO SANITARY SURVEY			1/	/14/2015				
Publi	ic Not	ification R	equire	ments				
	Co	ompliance	Notice		<u>ic Notifica</u>			<u>ification</u>
Violation/Situation Total Coliform M&R Violation	10/1/	Period 10 - 10/31/10	Tier 2	4/27/20		formed	<i>Due to DPH</i> 5/7/2011	Received
Water System						'V	3/7/2011	
	ı acııı	ty and San	ipinig	i Oilit iii			٠,	
Water System Water System Facility Sampling	a Point	Sampling Poir	nt		Total Coliform	Lead an Coppei		Stage
Facility ID	_	Description Description		Status	Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4		DISTRIBUTION	SYSTEM	A	Y			
		WITHIN 5 SER			•			
UPSTR		WITHIN 5 SER						
00700 ENTRY POINT 3		ENTRY POINT		A				
21498 WELL 2		WELL		A				
		tact Inforn						

 Contact Information

 Name
 Organization
 Job Title

 Mr. Steve Stewart
 Chief

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

 1606 Route 85
 Oakdale
 CT
 06370

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	Connectic	ut Depa	rtment	of Pu	iblic	Health	Drir	iking	, Wa	iter	Secti	ion	
	Wa	ter Qua	lity Mor	nitori	ng a	nd Con	nplia	nce S	Sche	dul	e		
PWS ID	PWS Name						Classif	cation	Popul	ation	Owner ⁻	Туре	Primary Source
СТ0860034	THE CHESTERFIE	LD FIRE CON	IPANY, INC.				N	С	2	6	L		GW
Local Address (w	here applicable)			Serv	vice	Resider	tial Co	mmercia	al In	dustria	al Cor	nbine	Agricultural
1606 ROUTE 85				Con	nnection	ns		1					
Towns Served: N	ONTVILLE			·		·					·		
Business Phone	Extension	Fax	N	lobile Ph	one	Emergency	/ Phone	Email A	ddres	S	•		
203-433-0015													
Contact Role(s):	Administrative	Contact			·								
Name				Organia	zation						Jol	b Title	
Chesterfield Fire	Company Inc												
Mailing Address	ine One		Mailing Add	lress Line	e Two				Cit	ЗУ	S	tate	Zip Code
1606 Rte 85								Oakdal	e			СТ	06370
Business Phone	Extension	Fax	N	lobile Ph	one	Emergency	/ Phone	Email A	ddres	S			
Contact Role(s):	Owner												
Name				Organi	zation						Jol	b Title	
Mr. Timothy S. S	hanahan			Cheste	rfield Fi	ire Co			Pres	ident			
Mailing Address	ine One		Mailing Add	lress Line	e Two				Cit	ЗУ	S	tate	Zip Code
1606 Rt. 85								Oakdal	e			CT	06370
Business Phone	Extension	Fax	N	lobile Ph	one	Emergency	/ Phone	Email A	ddres	S	,	,	
			*										

Contact Role(s): Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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		cticut Depa						_		ection	
	\	Water Qual	lity Monit	oring a	nd Com	ıplia	nce	Sch	edule		
PWS ID	PWS Name					Classif	ication	Popu	lation Ow	ner Type F	Primary Source
СТ0860084	UNCASVILL	E DINER				N	IC	2	25	Р	GW
Local Addres	ss (where applica	able)		Service	Resident	tial Co	mmer	cial Ir	ndustrial	Combined	d Agricultura
882 ROUTE 3	32			Connection	ns		1				
Towns Serve	d: MONTVILLE										
			Monito	oring Rec	quireme	nts					
Water Syste	em Facility: D	ISTRIBUTION S	YSTEM (WSF I	D: 00600)							
Total Colif	orm (3100)								1 ro	utine (RT)	per quarter
Samplii	ng Point (Sampl	ing Point ID)			Monitorii	ng Peri	od	Collect	ion Perioa	Compl	liance Status
Select f	rom Inventory o	of Active Sampling	Points		10/1/18 -	12/31/	/18			C	omplete
					1/1/19 -	3/31/1	L9			C	omplete
					4/1/19 -	6/30/1	19				
					7/1/19 -	9/30/1	L9				
Physical Pa	arameters (PP	S)							1 ro	utine (RT)	per quarter
Samplii	ng Point (Sampl	ing Point ID)			Monitorii	ng Peri	od	Collect	ion Period	Compl	liance Status
Select f	rom Inventory o	of Active Sampling	Points		10/1/18 -	12/31/	/18			C	omplete
					1/1/19 -	3/31/1	L9			C	omplete
					4/1/19 -	6/30/1	L9				
					7/1/19 -	9/30/1	L9				
		Water Sy	ystem Facili	ity and Sa	ampling	Poin [®]	t Inv	ento	ry		
Water								Total	Lead and	1	
-	Vater System Fa	cility	Sampling Point					oliform			Stage
Facility ID			ID	Description			itus	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600 D	ISTRIBUTION SY		4	DISTRIBUTI			A	Υ			
			DOWNSTREAM				A				
			UPSTREAM	WITHIN 5 S	ERVICE CON	1 4	A				
00700 E	NTRY POINT		3	ENTRY POI	NT	,	A				
21502 W	VELL		2	WELL		/	A				
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Mr. Edward	Jr. Lusher		Lı	ısher LLC				Pre	sident		
Mailing Addı	ress Line One		Mailing Addres	s Line Two				Ci	ty	State	Zip Code
884 Norwich	n- New London T	urnpike					Unca	sville		СТ	06382
Business P	hone Extens	ion Fax	Mobi	le Phone	Emergency	Phone	Emai	l Addre	SS		
860-460-1	1674						ed@	lushersy	ystems.co	m	
Contact Role	e(s): Legal Cont	act, Owner									
Name			0	rganization						Job Title	
Mr. Kerim A	yvaci										
Mailing Addı	ress Line One		Mailing Addres	s Line Two				Ci	ty	State	Zip Code
			1				1			1 1	

Mobile Phone

203-506-8439

Uncasville

Emergency Phone Email Address

06382

884 Norwich London Turnpike

Extension

Contact Role(s): Administrative Contact

Fax

860-848-4339

Business Phone

860-848-7932

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Traited Quality 1101110	911118 6111	0. 001	P.	1011100	701100101		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0860084	UNCASVILLE DINER				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
882 ROUTE 32		Connections			1			

Towns Served: MONTVILLE

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End of schedule

	Connecticut De	partment of	Public H	ealth	Drir	nking	g Wa	ater S	ection	
	Water Q	uality Monit	oring and	d Com	ıplia	nce S	Sche	edule		
PWS ID	PWS Name				Classif	ication	Popul	ation Ov	vner Type	Primary Source
CT0860164	MONTVILLE AMERICAN	LITTLE LEAGUE			N	IC	2	5	Р	GW
Local Address (where applicable)		Service	Resident	tial Co	mmerci	al In	dustrial	Combine	d Agricultural
570 OLD COLCH	HESTER ROAD		Connections			1				
Towns Served:	MONTVILLE									
		Monito	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)							
Total Colifori	m (3100) Point (Sampling Point ID)		,	Monitorii	ng Peri	od C	ollecti	1 re on Period	=	「) per month Sliance Status
Select from	m Inventory of Active Samp	oling Points		4/1/19 -	4/30/1	.9			(Complete
	· '			5/1/19 -						
				6/1/19 -						
				7/1/19 -						
				8/1/19 -	8/31/1	.9				
				9/1/19 -	9/30/1	<u>.</u> 9				
•	nmeters (PPS) Point (Sampling Point ID)			Monitorii	ng Peri	od C	ollecti	1 ro	-	「) per month cliance Status
	m Inventory of Active Samp	oling Points		4/1/19 -						Complete
	· .			5/1/19 -						<u> </u>
				6/1/19 -	6/30/1	<u>.</u> 9				
				7/1/19 -	7/31/1	.9				
				8/1/19 -	8/31/1	.9				
				9/1/19 -	9/30/1	<u>.</u> 9				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And I	Nitrite (NOX)							1	routine	RT) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Peri	od C	ollecti	on Period	d Comp	liance Status
ENTRY PO	INT (3)			1/1/18 - :	12/31/	18			C	Complete
				1/1/19 - :	12/31/	19			C	Complete
				1/1/20 - :	12/31/2	20				
		Other Co	ompliance	Sched	ules					
Compliance Sci	hedule Activity			L	Due Da	te		Achieved	l Date	
SEASONAL STA	RT UP COMPLETION			4	4/1/201	19				
	Wate	r System Facili	ty and Sar	npling	Poin	t Inve	ntor			
Water	hou Custom Fasilitu	Campalina Doint	Campulina Dai				otal	Lead and		Charac
System Wat Facility ID	ter System Facility	Sampling Point ID	Description	πι	٠.		iform Iule	Copper		Stage s WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		itus K A	Y	nuic rie	ASSESTO	3 WQI Z DDI K
00000 0131	TADOTION STSTEIN	DOWNSTREAM				Α	•			
		UPSTREAM	WITHIN 5 SER			Α				
00700 ENT	RY POINT	3	ENTRY POINT			<u>~</u> А				
21509 WEL		2	WELL			<u>~</u> А				
21303 WLL	<u></u>									
		Con	tact Inforr	nation						

Job Title

State

 CT

Zip Code

06370

City

Oakdale

Organization

Mailing Address Line Two

Name

P. O. Box 199

American Little League Inc

Mailing Address Line One

(Connectic	ut Depa	rtment	of	Public	Healt	h D	rink	ing	Water	Section		
	Wa	ter Qua	lity Mo	nito	oring a	nd Co	mp	lian	ce S	chedul	e		
PWS ID	PWS Name						Cla	assificat	tion	Population	Owner Type	Pri	mary Source
CT0860164	MONTVILLE AM	ERICAN LITT	LE LEAGUE					NC		25	Р		GW
Local Address (w	here applicable)				Service	Reside	ential	Comr	nercia	l Industri	al Combin	ed	Agricultural
570 OLD COLCHE	STER ROAD				Connectio	ns			1				
Towns Served: N	IONTVILLE							'					
Business Phone	Extension	Fax	N	/lobile	e Phone	Emergen	cy Ph	none Er	mail A	ddress			
Contact Role(s):	Owner												
Name				Org	ganization						Job Titl	e	
Mr. Josh Payne				Mo	ontvilleame	ericanlittle	eagu	ıe					
Mailing Address	Line One		Mailing Add	dress	Line Two					City	State		Zip Code
P.O. Box 199								0	akdale	e	СТ		06370
Business Phone	Extension	Fax	N	1obil	e Phone	Emergen	cy Ph	none Er	mail A	ddress	·		
			8	60-60	08-0766			jo	shua.	payne@ct.g	gov		
Contact Role(s)	Administrative	Contact Le	ral Contact										

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	Public H	lealth	Drir	ıkin	ıg W	ater :	Sec	ction		
		· Quality Monit					_					
PWS ID	PWS Name	Quality 1 10 1110	<u> </u>						Owner Type Primary Source			
CT086021	OUR LADY OF THE LA	AKES CHURCH				IC		25		Р	GW	
Local Add	ress (where applicable)		Service	Resident	tial Co	mmer	cial I	ndustria	l (Combined	Agricultural	
752 ROUT	TE 82		Connections			1						
Towns Ser	rved: MONTVILLE											
		Monito	oring Requ	ıiremei	nts							
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF II	D: 00600)									
Total Co	liform (3100)							1	rout	tine (RT) _l	per quarter	
Samı	pling Point (Sampling Point	ID)		Monitorii	ng Peri	od	Collect	ion Peri	od	Compli	ance Status	
Selec	ct from Inventory of Active S	Sampling Points		10/1/18 -	12/31/	/18				Co	mplete	
				1/1/19 -						Co	mplete	
				4/1/19 -								
				7/1/19 -	9/30/1	.9						
•	Parameters (PPS)	1		Monitorii			- "				per quarter	
-	pling Point (Sampling Point	•			Collect	ion Peri	od		ance Status			
Selec	ct from Inventory of Active S	Sampling Points		10/1/18 -							mplete	
				1/1/19 -						Co	mplete	
				4/1/19 - 7/1/19 -								
Water Sv	stem Facility: ENTRY PC	OINT (WSF ID: 00700)		7/1/19 -	9/30/1	19						
	And Nitrite (NOX)	(110. 12.100.100)							1 r	outine (R	T) per year	
	pling Point (Sampling Point	· ID)		Monitorii	ng Peri	od	Collect	ion Peri			ance Status	
_	RY POINT (3)	•		1/1/18 - 1						-	mplete	
	• • • • • • • • • • • • • • • • • • • •			1/1/19 - 1							•	
				1/1/20 - 3	12/31/2	20						
	Wa	ater System Facili	ty and Sar	mpling	Poin	t Inv	ento	ry				
Water		•	•				Total	Lead a	nd			
System	Water System Facility	Sampling Point	Sampling Poi	nt			oliform				Stage	
Facility ID		ID	Description		Sta	itus	Rule	Rule T	ier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	,	A	Υ					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	1 /	A						
		UPSTREAM	WITHIN 5 SEF	RVICE CON	1 /	A						
00700	ENTRY POINT	3	ENTRY POINT	•	,	A						
21514	WELL	2	WELL		,	Д						
56848	SOFTENER											
		Con	tact Infori	mation								
Name		Or	ganization							Job Title		

				Contact Inf	ormation						
Name				Organization	1	Job Title					
Mr. Rev. Robert F.	Buongirno			St. Lawrence	Church		Pastor				
Mailing Address Lin	ie One		Mailing Ac	ddress Line Two			City	State	Zip Code		
7 Hemlock Drive						Killingwo	orth	СТ	06419		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
860-663-2576		860-663-4	1238			STLAWR	ENCEC@YA	ноо.сом			
Contact Role(s): A	dministrative	Contact Leg	al Contact								

	Connectic	ut Depa	rtment	of Public	Health	Drir	nking	Water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0860214	OUR LADY OF TH	HE LAKES CH	URCH			N	IC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
752 ROUTE 82				Connectio	ns		1			
Towns Served: N	IONTVILLE				·	·			·	
Name				Organization					Job Titl	e
Our Lady of The	Lake Church Cor	р								
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
752 Route 82							Oakda	le	СТ	06370
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	Address	,	
860-859-1575		860-859-	3273		860-326	-9714	parish.	office@ctm	etrocast.net	
Contact Role(s):	Owner		,	,						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	ut Departme	ent of	Public	Health I)rin	king	Wate	r Se	ection	
		Wat	ter Quality N	Ionit	oring a	nd Comp	olia	nce S	chedu	ıle		
PWS ID	PW	/S Name				C	lassifi	cation P	opulatio	n Ow	ner Type	Primary Source
CT0860364	4 CA	LVARY CHAPE	L OF SE CT (CHURCH	l)			N	0	25		Р	GW
Local Addr	ess (wher	e applicable)			Service	Residentia	l Cor	nmercia	Indust	rial	Combine	d Agricultural
126 SHARF	PS HILL RO	AD			Connection	ıs		1				
Towns Ser	ved: MON	ITVILLE				'						
			N	/lonite	oring Rec	quirement	ts					
Water Sys	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Col	liform (3	100)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Co	llection P	Period	Comp	liance Status
Select	t from Inv	entory of Acti	ive Sampling Points			10/1/18 - 12	2/31/	18			C	omplete
						1/1/19 - 3,	/31/19	9			C	omplete
						4/1/19 - 6,	/30/19	9				
						7/1/19 - 9,	/30/19	9				
Physical	Paramet	ers (PPS)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Co	llection P	Period	Comp	liance Status
Select	t from Inv	entory of Acti	ive Sampling Points			10/1/18 - 12	2/31/	18			C	omplete
						1/1/19 - 3,	/31/19	9			C	omplete
						4/1/19 - 6,	/30/19	9				
						7/1/19 - 9,	/30/19	9				
Water Sys	stem Fac	ility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate A	and Nitri	te (NOX)								1	routine (RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Co	llection P	Period	Comp	liance Status
ENTR	Y POINT (3)				1/1/18 - 12	/31/1	8			C	omplete
						1/1/19 - 12	/31/1	9				
						1/1/20 - 12	/31/2	0				
			Water System	Facili	ity and Sa	ampling P	oint	Inven	tory			
Water								Tot		d and	1	
System	_	stem Facility	•	_	Sampling P			Colife		pper		Stage
Facility ID				D	Description		Sta			le Tiei	Asbestos	s WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM		1		ON SYSTEM	А		,			
					WITHIN 5 S		А					
			UPST	REAM	WITHIN 5 S	ERVICE CON	Α					
00700	ENTRY P	TNIC	3	3	ENTRY POIN	NT	А	1				
21526	WELL		2	2	WELL		А					
				Con	tact Info	rmation						
Name				0	rganization						Job Title	
Mr. Joe Pa	skewich			Ca	alvary Chape	l of Sect			Lead Pa	stor		
Mailing Ad	dress Lin	e One	Mailing	Addres	s Line Two				City		State	Zip Code
126 Sharp	Hill Road							Uncasvil	le		СТ	06382
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	ddress			
Dusiness	riione	EXTENSION	ГdХ	ΙΟΟΙνι	ie Pilofie	Emergency P	попе	LIIIdli A(uu ess			

860-848-2899

Contact Role(s): Administrative Contact, Legal Contact

860-848-7400

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Mon	toring an	u Con	phane	JUIL	Juui	·C	
PWS ID	PWS Name			Classification	n Popu	lation	Owner Type	Primary Source
CT0860364	CALVARY CHAPEL OF SE CT (CHURCH)			NC	2	:5	Р	GW
Local Address (\	where applicable)	Service	Residen	itial Comme	ercial In	dustri	al Combine	ed Agricultural
126 SHARPS HIL	L ROAD	Connections		1				
Towns Served: I	MONTVILLE			·				

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ıt Denar	tment of	Public	Health	Dri	nking V	Water 9	Section	
		•	ty Monit							
PWS ID	PWS Name	ci Quai	tty 1410111t	oring ar						Primary Source
CT0860394	MONTVILLE POL	ISH AMFRICA	N CITIZENS CLI	IR			NC	25	P	GW
	where applicable)	ISTI PRIVILITION	TO CITIZENS CEN	Service	Resident		ommercial		Combine	
85 MAPLE AVEN				Connection		.iai Ct	1	maastriar	COMBINE	a Agriculturur
Towns Served: I										
Towns served.	INIGITYVILLE		Monito	oring Req	uiremer	nts				
Water System	Facility: DISTR	IBUTION SY								
Total Coliforn	•		•	<u> </u>				1 r	outine (RT) per quarter
	Point (Sampling Po	oint ID)			Monitorin	na Per	iod Coll	ection Perio	' - '	oliance Status
	n Inventory of Acti		Points		10/1/18 -					Complete
Sciect ii oii	in inventory or rect	ve samping i	Onits		1/1/19 -					Complete
					4/1/19 -					complete
					7/1/19 -					
Dharainal Dawa	······································				//1/19 -	9/30/	19	1		\
-	meters (PPS)	nint (D)			0.4 a wita wiw	D	ind Call	ı r lection Perio	-) per quarter
	Point (Sampling Po) a i a ta		Monitorin	_		ection Perio		oliance Status
Select from	n Inventory of Acti	ve Sampling i	oints		10/1/18 -					Complete
					1/1/19 -				(Complete
					4/1/19 -					
					7/1/19 -	9/30/:	19			
•	Facility: ENTRY	POINT (W	SF ID: 00700)							
Nitrate And N										(RT) per year
	Point (Sampling Po	oint ID)			Monitorin			lection Perio	od Comp	oliance Status
ENTRY POI	INT (3)				1/1/18 - 1	12/31/	' 18		(Complete
					1/1/19 - 1	12/31/	' 19			
					1/1/20 - 1	12/31/	′ 20			
			Other Co	omplianc	e Sched	ules				
Compliance Sch	nedule Activity			<u> </u>	D	Due Do	nte	Achieve	ed Date	
-					10	0/4/20	015			
IKESPOND TO SA	ANITAKY SUKVEY									
RESPOND TO SA		Water Sv	stem Facili	tv and Sa			t Inven	torv		
		Water Sy	stem Facili	ty and Sa				•	nd.	
Water		•		•	mpling		Tota	al Lead ai		Stage
Water		•	stem Facili ampling Point ID	•	mpling	Poin	Toto Colifo	al Lead ar rm Coppe	r	Stage s WQP 2 DBPR
Water System Water Facility ID	er System Facility	S	ampling Point ID	Sampling Po	mpling	Poin St	Toto Colifo atus Rul	al Lead ar rm Coppe	r	
Water System Wate Facility ID		Si	ampling Point ID 4	Sampling Po Description	impling pint DN SYSTEM	Poin	Toto Colifo atus Rul A Y	al Lead ar rm Coppe	r	_
Water System Water Facility ID	er System Facility	Si	ampling Point ID 4 OOWNSTREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SE	oint ON SYSTEM ERVICE CON	Poin Sto	Toto Colifo atus Rul A Y A	al Lead ar rm Coppe	r	Stage s WQP 2 DBPR
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Si	ampling Point ID 4 OWNSTREAM UPSTREAM	Sampling Po Description DISTRIBUTIO WITHIN 5 SE	oint ON SYSTEM ERVICE CON	Sto	Toto Colifo atus Rul A Y A	al Lead ar rm Coppe	r	_
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Si	ampling Point ID 4 OWNSTREAM UPSTREAM 3	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	oint ON SYSTEM ERVICE CON	Poin	Toto Colifo atus Rul A Y A A	al Lead ar rm Coppe	r	
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Si	ampling Point ID 4 OWNSTREAM UPSTREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	oint ON SYSTEM ERVICE CON T	Poin	Toto Colifo atus Rul A Y A	al Lead ar rm Coppe	r	
Water System Water Facility ID 00600 DIST 00700 ENTE 21529 WEL	er System Facility RIBUTION SYSTEM	Si	ampling Point ID 4 OWNSTREAM UPSTREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Infor	oint ON SYSTEM ERVICE CON T	Poin	Toto Colifo atus Rul A Y A A	al Lead ar rm Coppe	r ier Asbesto	s WQP 2 DBPR
Water System Water Facility ID 00600 DIST 00700 ENTE 21529 WEL	er System Facility RIBUTION SYSTEM RY POINT	Si	ampling Point ID 4 OWNSTREAM UPSTREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	oint ON SYSTEM ERVICE CON T	Poin	Toto Colifo atus Rul A Y A A	al Lead ar rm Coppe	r	s WQP 2 DBPR
Water System Water Facility ID 00600 DIST 00700 ENTE 21529 WEL Name American Polisi	er System Facility RIBUTION SYSTEM RY POINT L h Citizens Club	S	ampling Point ID 4 OWNSTREAM UPSTREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information	oint ON SYSTEM ERVICE CON T	Poin	Toto Colifo atus Rul A Y A A	rm Coppe e Rule Ti	Job Title	s WQP 2 DBPR
Water System Water Facility ID 00600 DIST 00700 ENTE 21529 WEL	er System Facility RIBUTION SYSTEM RY POINT L h Citizens Club	S	ampling Point ID 4 OWNSTREAM UPSTREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information	oint ON SYSTEM ERVICE CON T	Poin	Toto Colifo atus Rul A Y A A	rm Coppe e Rule Ti	r ier Asbesto	s WQP 2 DBPR

Contact Role(s): Owner

(Connectic	ut Depa	rtmen	it of Public	Health	ı Drii	ıkıng	g Water	Section	
	Wat	ter Qua	lity Mo	onitoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Sour
CT0860394 N	MONTVILLE POL	ISH AMERIC	AN CITIZEI	NS CLUB	S CLUB		IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultur
85 MAPLE AVENU	E			Connectio	ns		1			
Towns Served: Mo	ONTVILLE				,	,				
Name				Organization					Job Titl	е
Mr. Henery Hoyt	Jr			American Pol	ish Citizens	Club		Agent		
Mailing Address L	ine One		Mailing A	ddress Line Two				City	State	Zip Code
12 Main Street							Jewett	City	СТ	06351
Business Phone	Extension	Fax		Mobile Phone	Emergence	y Phone	Email A	Address		
860-376-3290		860-848-	1749		860-848	-1899				
Contact Role(s):	Administrative	Contact. Leg	al Contact							

CD lelte Heelde Detel to Marco C.

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Co	nnectic	ut Dena	artme	nt of	Public	Health I)rin	king	Wa	ter S	ection		
			•				nd Comp		U					
PWS ID	D\Λ	/S Name	ter Qua	illey ivi	OIIIC	oring a						vner Tyne	Dr	mary Source
CT0860404		ESTERFIELD L	ODGE					N(26		P P		GW
	_	re applicable)	0000			Service	Residentia		nmercia		lustrial	Combin	ed	Agricultural
1596 ROUTE		c applicable)				Connection			1	1 1110	iastriai	Combin	cu	7 Gricaltarai
Towns Serve		JTVII I F												
				N	lonit	oring Red	quirement	ts						
Water Syst	tem Fac	ility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)								
Total Colif	form (3	3100)									1 ro	utine (R1	Г) p	er quarter
Sampli	ing Poin	t (Sampling P	oint ID)				Monitoring	Perio	d Co	llectio	n Period	l Com	plia	nce Status
Select	from Inv	entory of Act	ive Sampling	g Points			10/1/18 - 1	2/31/2	18				Cor	nplete
							1/1/19 - 3,	/31/19	9				Cor	nplete
							4/1/19 - 6,	/30/19	9					
							7/1/19 - 9,	/30/19	9					
Physical P	aramet	ers (PPS)									1 ro	utine (R1	Г) р	er quarter
Sampli	ing Poin	t (Sampling P	oint ID)				Monitoring	Perio	d Co	llectio	n Period	d Com	plic	nce Status
Select	from Inv	entory of Act	ive Sampling	g Points			10/1/18 - 1	2/31/2	18				Cor	nplete
							1/1/19 - 3,	/31/19	9				Cor	nplete
							4/1/19 - 6,	/30/19	9					
							7/1/19 - 9,	/30/19	9					
Water Syst	tem Fac	ility: ENTR	Y POINT (\	WSF ID: (0700)									
Nitrate Ar	nd Nitri	te (NOX)									1	l routine	(R	「) per year
Sampli	ing Poin	t (Sampling P	oint ID)				Monitoring	Perio	od Co	llectio	n Period	d Com	plic	nce Status
ENTRY	POINT (3)					1/1/18 - 12	/31/1	8				Cor	nplete
							1/1/19 - 12							
							1/1/20 - 12	/31/2	0					
			Water S	ystem	Facili	ty and S	ampling P	oint	Inver	ntory	1			
Water									Tot		Lead and			
-	Water S _y	stem Facility				Sampling F					Copper			Stage
Facility ID			_	ID		Description		Stat			Rule Tie	r Asbesti	05	NQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM	1	4			ION SYSTEM	A		/				
							SERVICE CON	A						
				UPSTR			SERVICE CON	Α						
	ENTRY P	TNIC		3		ENTRY POI	NT	Α						
21530 V	WELL			2		WELL		А						
					Con	tact Info	rmation							
Name					Oı	rganization						Job Titl	e	
Mr. Shashik	kant Pat	el				nesterfield L	odge		I					
Mailing Add	dress Lin	e One		Mailing	Addres	s Line Two				Cit	/	State		Zip Code
1596 Route			I			1			Oakdale			СТ		06370
Business F	Phone	Extension	Fax	(Mobi	le Phone	Emergency P	hone	Email A	ddress	5			

860-442-0039

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health	Drinking Water Section
Water Quality Monitoring and Com	ipliance Schedule

	water Quality Month	or mg am	u don	ıpı	idifec t	Ciicaai	C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0860404	CHESTERFIELD LODGE				NC	26	Р	GW
Local Address (where applicable)	Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
1596 ROUTE 85	5	Connections			1			
					•			· · · · · · · · · · · · · · · · · · ·

Towns Served: MONTVILLE

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	lealth D	rinki	ing W	ater S	Section	n	
	Water Q	uality Monit	oring an	d Comp	lianc	e Sch	edule			
PWS ID	PWS Name								e Pri	mary Source
CT086041	4 CORNERSTONE BAPTIST	CHURCH			NC		25	Р		GW
Local Addr	ress (where applicable)		Service	Residential	Comm	ercial I	ndustrial	Combi	ned	Agricultural
900 ROUT	E 163		Connections		1	L				
Towns Ser	ved: MONTVILLE									
		Monito	oring Requ	uirement	S					
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						1 r	outine (F	RT) p	er quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	od Coi	nplia	nce Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12	/31/18				Con	nplete
				1/1/19 - 3/3	31/19				Con	nplete
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Physical	Parameters (PPS)						1 r	outine (F	RT) p	er quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	od Coi	nplia	nce Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12	/31/18				Con	nplete
				1/1/19 - 3/3	31/19				Con	nplete
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 routin	e (R1	「) per year
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	od Coi	nplia	nce Status
ENTR	Y POINT (3)			1/1/18 - 12/	31/18				Con	nplete
				1/1/19 - 12/	31/19				Con	nplete
				1/1/20 - 12/	31/20					
	Wate	er System Facili	ity and Sar	mpling Po	oint Ir	vento	ry			
Water						Total	Lead a	nd		
System	Water System Facility	Sampling Point		int		Coliform				Stage
Facility ID)	ID	Description		Status	Rule	Rule T	ier Asbes	tos l	NQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	•	Α					
21531	WELL	2	WELL		Α					
		Con	tact Inform	mation						
Name		O	rganization					Job Ti	tle	
Mr. Mike	Jones	Co	ornerstone Bap	otist Church		Pa	stor			
Mailing Ad	ddress Line One	Mailing Address	s Line Two				City	State	9	Zip Code
900 Route	163				Oa	kdale		СТ		06370
					_			-		

Mobile Phone

Business Phone

860-848-2438

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Emergency Phone Email Address

860-848-1733

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Monte	or mg am	a Con	upi	iance c	ciicaai	·C	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0860414	CORNERSTONE BAPTIST CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
900 ROUTE 163		Connections			1			

Towns Served: MONTVILLE

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	oartment of	Public H	lealth	Drink	king V	Vater S	ection	
	•	ality Monit							
PWS ID	PWS Name		011118 0111				1	wner Type Pi	rimary Source
CT0860424	DAVIDS PLACE				NC		25	Р	GW
Local Address (w	here applicable)		Service	Resident		mercial	Industrial	Combined	Agricultural
1647 ROUTE 85	,		Connections			1			
Towns Served: N	MONTVILLE			1	l l				
		Monito	oring Requ	iiremei	nts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliform	(3100)						1 r	outine (RT)	per month
Sampling P	oint (Sampling Point ID)			Monitorir	ng Period	Colle	ection Perio		ance Status
Select from	Inventory of Active Sample	ng Points		4/1/19 -	4/30/19				
				5/1/19 -	5/31/19				
				6/1/19 -	6/30/19				
				7/1/19 -	7/31/19				
				8/1/19 -	8/31/19				
				9/1/19 -	9/30/19				
				10/1/19 -	10/31/19	9			
Physical Parar	meters (PPS)						1 r	outine (RT)	per month
Sampling P	oint (Sampling Point ID)			Monitorir	ng Period	Colle	ection Perio	d Compli	ance Status
Select from	Inventory of Active Sample	ng Points		4/1/19 -	4/30/19				
				5/1/19 -	5/31/19				
				6/1/19 -	6/30/19				
				7/1/19 -					
				8/1/19 -					
				9/1/19 -					
				10/1/19 -	10/31/19	9			
	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And N								=	T) per year
	Point (Sampling Point ID)			Monitorir			ection Perio		ance Status
ENTRY POIN	NT (3)			1/1/18 - 1					mplete
				1/1/19 - 1				Со	mplete
				1/1/20 - 1	12/31/20				
		Other Co	ompliance	Sched	ules				
Compliance Scho					Due Date		Achieve	d Date	
RESPOND TO SA	NITARY SURVEY			4,	/11/2019)			
	Water	System Facili	ty and Sar	npling	Point	Invent	ory		
Water						Tota			
*	r System Facility	Sampling Point		nt		Colifor			Stage
Facility ID	NIDUTION CVCTT	ID .	Description		Statu		Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

ENTRY POINT

UPSTREAM

3

2

00700 ENTRY POINT

TREATMENT PLANT

21532 WELL

61270

Α

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Water Quality Monitoring and Compliance Schedule	
Connecticut Department of Public Health Drinking Water Section	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0860424	DAVIDS PLACE			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1647 ROUTE 85		Connections		1			

Towns Served: MONTVILLE

	Co	ontact Inf	ormation					
Name					Job Title			
Mr. Blendi Hoxha					Owner			
Mailing Address Line One Mailing Add			ress Line Two			State	Zip Code	
				Montvill	е	СТ	06370	
Fax	Мо	obile Phone	Emergency Phone	Email Ad	ddress			
	86	0-235-4034		blendiho	xha75@yah	ioo.com		
		Mailing Addr	Organization Brothers Pizz Mailing Address Line Two	Fax Mobile Phone Emergency Phone	Organization Brothers Pizza Palace LLC. Mailing Address Line Two Montvill Fax Mobile Phone Emergency Phone Email Ad	Organization Brothers Pizza Palace LLC. Owner Mailing Address Line Two City Montville Fax Mobile Phone Emergency Phone Email Address	Organization Brothers Pizza Palace LLC. Owner Mailing Address Line Two City Montville CT Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name CT0860464 RENALDIS GETTY NC 25 P GW Local Address (where applicable) Service Connections Service Mesidential Commercial Industrial Combined Agricultural Compliance Service Connections Industrial Combined Agricultural Industrial Combined Agricultural Service Connections Industrial Combined Agricultural Industrial Combined Industrial Industrial Combined Industrial Combined Industrial Industrial Combined Industrial Industrial Industrial Industrial Combined Industrial
PWS ID PWS Name Classification Population Owner Type Primary Source CT0860464 RENALDIS GETTY NC 25 P GW Local Address (where applicable) Service Connections 1 Industrial Combined Agricultural Service Connections 1 Industrial Combined Agricultural Service Connections Served: MONTVILLE Monitoring Requirements 1
CT0860464 RENALDIS GETTY Local Address (where applicable) Service Connections Service Connections Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points Monitoring Period Collection Period Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Monitoring Period Monitoring Period Monitoring Period Collection Period Compliance Status And I routine (RT) per quarter Monitoring Period Collection Period Compliance Status
Local Address (where applicable) 612 ROUTE 82 Towns Served: MONTVILLE Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points Monitoring Period 1 routine (RT) per quarter 2 routine (RT) per quarter 3 routine (RT) per quarter 4 routine (RT) per quarter 5 routine (RT) per quarter
Towns Served: MONTVILLE Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter
Towns Served: MONTVILLE Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Complete Complete 4/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100)
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1 routine (RT) per quarter Monitoring Period Collection Period Compliance Status
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) 1 routine (RT) per quarter Monitoring Period Collection Period Collection Period Compliance Status Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 10/1/19 - 3/31/19 Complete 1/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Complete Complete Complete 4/1/19 - 6/30/19 Complete Complete Complete 4/1/19 - 6/30/19 Complete
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) 1 routine (RT) per quarter Monitoring Period Collection Period Compliance Status
Physical Parameters (PPS) Sampling Point (Sampling Point ID) 1 routine (RT) per quarter Monitoring Period Collection Period Compliance Status
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/19 Complete
Complete
1/1/19 - 3/31/19 Complete
4/1/19 - 6/30/19
7/1/19 - 9/30/19
Water System Facility: ENTRY POINT (WSF ID: 00700)
Nitrate And Nitrite (NOX) 1 routine (RT) per year
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
ENTRY POINT (3) 1/1/18 - 12/31/18 Complete
1/1/19 - 12/31/19
1/1/20 - 12/31/20
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper Stage
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y
DOWNSTREAM WITHIN 5 SERVICE CON A
UPSTREAM WITHIN 5 SERVICE CON A
00700 ENTRY POINT 3 ENTRY POINT A
21535 WELL 2 WELL A
Contact Information
Name Organization Job Title
Mr. Lauren Renaldi Getty Owner
Mailing Address Line One Mailing Address Line Two City State Zip Code
612 Route 82 Oakdale CT 06370

Emergency Phone Email Address

860-859-0811

Mobile Phone

860-287-0270

Business Phone

860-859-2613

Extension

Contact Role(s): Administrative Contact

Fax

860-589-2613

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	Wat	er Qua	lity Moni	itoring a	and Con	nplia	nce S	Schedul	le		
PWS ID F	PWS Name					Classif	ication	Population	Owner	Type P	rimary Source
CT0860464 F	RENALDIS GETTY					N	IC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Cor	mbined	Agricultural
612 ROUTE 82				Connection	ons		1				
Towns Served: M	ONTVILLE										
Name				Organization					Jo	b Title	
Leemilt's Petrole	um Inc										
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	S	State	Zip Code
125 Jericho Tpke							Jericho	1		NY	11753
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	Email A	Address			
Contact Role(s):	Owner										
Name				Organization					Jo	b Title	
Mr. Leo Liebowit	Z			Leemilt's Pet	roleum Inc			Director			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	S	State	Zip Code
125 Jericho Turnp	ike		Suite 103				Jericho	1		NY	11753
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	Email A	Address			
Contact Role(s):	Legal Contact										

Connecticut Department of Public Health Drinking Water Costion

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	•				_			ction	
	Water Q	uality Monit	oring and	Comp	oliar	ice So	che	edule		
PWS ID	PWS Name			Cl	lassific	ation P	opu	lation Owr	ner Type	Primary Source
CT086047	4 VFW POST 10060				NC	:	2	.5	Р	GW
Local Addı	ress (where applicable)		Service R	esidentia	I Con	nmercial	l In	dustrial	Combine	d Agricultural
91 RAYMO	OND HILL ROAD		Connections			1				
Towns Ser	ved: MONTVILLE				<u> </u>			1		
		Monito	oring Requir	ement	ts					
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)							1 rou	tine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		Me	onitoring	Perio	d Col	llecti	ion Period	Comp	liance Status
Selec	ct from Inventory of Active Samp	oling Points	10,	1/18 - 12	2/31/1	.8			C	omplete
			1,	'1/19 - 3/	/31/19	1			C	omplete
			4,	'1/19 - 6/	/30/19	1				
			7,	'1/19 - 9/	/30/19)				
Physical	Parameters (PPS)							1 rou	tine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		Me	nitoring	Perio	d Col	llecti	ion Period	Comp	liance Status
Selec	ct from Inventory of Active Samp	oling Points	10,	1/18 - 12	2/31/1	.8			C	omplete
			1,	'1/19 - 3/	/31/19)			C	omplete
			4,	'1/19 - 6/	/30/19)				
			7,	'1/19 - 9/	/30/19)				
Water Sy	stem Facility: ENTRY POINT	r (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (RT) per year
Samp	oling Point (Sampling Point ID)		Me	nitoring	Perio	d Col	llecti	ion Period	Comp	liance Status
ENTR	RY POINT (3)		1/	1/18 - 12	/31/18	3			C	omplete
			1/	1/19 - 12	/31/19	9				•
			1/	1/20 - 12	/31/20)				
		Other Co	ompliance S	chedu	les					
Complian	ce Schedule Activity		•		e Date	?		Achieved	Date	
RESPOND	TO SANITARY SURVEY			12/	7/201	4				
	Wate	r System Facili	ty and Sami	ling P	oint	Inven	itor	ſV		
Water		•				Tot		Lead and		
System	Water System Facility	Sampling Point	Sampling Point			Colife		Copper		Stage
Facility ID)	ID	Description		Stat	us Ru	le		Asbesto	S WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION S	YSTEM	Α	Υ	,			
		DOWNSTREAM	WITHIN 5 SERVI	CE CON	Α					
		UPSTREAM	WITHIN 5 SERVI	CE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
21536	WELL	2	WELL		Α					
		Con	tact Informa	tion						
Name		Oi	rganization						Job Title	
Montville	Memorial Post 10060 VFW of U									
Mailing Ad	ddress Line One	Mailing Address	s Line Two				Ci	ty	State	Zip Code

Mobile Phone

Uncasville

Emergency Phone Email Address

CT

06382

P. O. 67

Business Phone

Contact Role(s): Owner

Extension

Fax

(Connecticu	t Departmei	nt of Public	: Healtl	n Drii	nking	Water	Section	
	Wate	er Quality M	onitoring a	and Cor	nplia	nce S	chedul	le	
PWS ID	PWS Name				Classif	ication	Population	Owner Type	Primary Source
CT0860474	/FW POST 10060				N	IC	25	Р	GW
Local Address (wh	nere applicable)		Service	Reside	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
91 RAYMOND HIL	L ROAD		Connection	ons		1			
Towns Served: M	ONTVILLE		,		<u> </u>		1	1	
Name			Organization					Job Titl	e
Mr. Gary B Blacks	stone		VFW Post 10	060			Quarter N	Лaster	
Mailing Address L	ine One	Mailing /	Address Line Two				City	State	Zip Code
VFW Post 10060	Quarter Master	P.O. Box	67			Uncasv	ille	СТ	06382
Business Phone	Extension	Fax	Mobile Phone	Emergeno	y Phone	Email A	ddress	,	
860-848-3750						vfw100	60@outloo	k.com	
Contact Role(s):	Administrative Co	ontact, Legal Contac	ct						

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

									_				
	(Connecticut De	*					U			ction		
D) 1/2 / D			uality Monit	oring and	i Com						-		
PWS ID		PWS Name						n Pop	ulation	Jwn			
CT086048		712 ROUTE 163		6 .	D : 1		IC.		25		Р	G\	
		nere applicable)		Service Connections	Resident	tial Co	omme	rcial	Industrial	(Combine	d Agri	cultural
712 ROUT		ONITYULE		Connections			1						
Towns Ser	rvea: M	ONTVILLE	Monite	oring Requ	ireme	ntc							
Water Sy	stem F	acility: DISTRIBUTIO			ii Cilici	1103							
Total Col		•	`	•					1 :	rout	ine (RT)	per qu	ıarter
Samp	pling Po	oint (Sampling Point ID)		ı	Monitorii	ng Peri	iod	Collec	tion Peri	od	Comp	liance S	tatus
Selec	t from	Inventory of Active Samp	oling Points	1	.0/1/18 -	12/31/	/18				C	complete	e
					1/1/19 -	3/31/1	19				C	complete	e
					4/1/19 -	6/30/1	19						
					7/1/19 -	9/30/1	19						
Physical	Param	eters (PPS)							1 1	rout	ine (RT)	per qu	ıarter
Samp	pling Po	oint (Sampling Point ID)		ı	Monitorii	ng Peri	iod	Collec	tion Peri	od	Comp	liance S	tatus
Selec	t from	Inventory of Active Samp	oling Points	1	.0/1/18 -	12/31/	/18				C	Complete	e
					1/1/19 -	3/31/1	19				C	complete	e
					4/1/19 -	6/30/1	19						
					7/1/19 -	9/30/1	19						
Water Sy	stem F	acility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Ni	trite (NOX)								1 r	outine (RT) pe	r year
		oint (Sampling Point ID)		1	Monitorii	ng Peri	iod	Collec	tion Peri		-	liance S	-
ENTR	RY POIN	T (3)			1/1/18 - :	12/31/	18				C	complete	e
		• •			1/1/19 - :						C	complet	e
					1/1/20 - :							•	
			Other C	ompliance									
Compliand	ce Sche	dule Activity			L	Due Da	ite		Achiev	ed D	Date		
RESPOND	TO SAN	IITARY SURVEY			1	1/3/201	19		1/3/	201	9		
		Wate	r System Facili	ty and San	npling	Poin	t Inv	vento	ry				
Water			-	-				Total	Lead a	nd			
System	Water	System Facility	Sampling Point	Sampling Poin	it		C	Coliforn	1 Сорр	er			Stage
Facility ID)		ID	Description		Sto	atus	Rule	Rule T	ier	Asbesto	s WQP	2 DBPR
00600	DISTRI	BUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5 SER	VICE CON	1 ,	Α						
			UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTRY	POINT	3	ENTRY POINT		1	A						
21537	WELL		2	WELL			A						
			Con	tact Inforn	nation								
Name			0	rganization							Job Title		
Mr. David	C. Yos	elevsky		ay Realty, LLC				М	anager				
Mailing Ac		<u> </u>	Mailing Addres						City		State	Zip C	ode
100.01			1 1.8 1 12.1 20						- 1				

Mobile Phone

New London

mayrealtyllc@gmail.com

Emergency Phone Email Address

860-437-0188

06320

188 Glenwood Ave

Business Phone

860-235-7776

Extension

Contact Role(s): Administrative Contact

Fax

C	omiecuc	ut Depa	rune	IIL OI	Public	пеани	וווע	IKIIIE	, water	sec	uon	
	Wa	ter Qua	lity M	lonit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owne	er Type F	rimary Source
CT0860484 7	12 ROUTE 163						Ν	C	25		Р	GW
Local Address (wh	ere applicable)				Service	Residen	tial Co	mmerci	al Industri	al C	ombined	I Agricultural
712 ROUTE 163					Connection	ns		1				
Towns Served: Mo	ONTVILLE					1	,		,	,		
Name				Or	ganization						Job Title	
May Realty LLC												
Mailing Address L	ine One		Mailing	Address	Line Two				City		State	Zip Code
188 Glenwood Av	e							New Lo	ondon		СТ	06320
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Owner											
Name				Or	ganization					J	Job Title	
Ms. Iris M Yosele	vsky			Ma	ay Realty LL	С			Vice Presi	ident		
Mailing Address L	ine One		Mailing	Address	Line Two				City		State	Zip Code
188 Glenwood Av	e							New Lo	ondon		СТ	06320
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	Phone	Email A	Address			

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	Department of	Public Health	Drink	king W	ater Se	ection	
		•	oring and Con					
PWS ID	PWS Name	Quality 1401111	orms and don				ner Type Pi	rimary Source
CT086049		ROUND-COTTAGE/LA	KE WELL	NC		25	Р	GW
Local Add	ress (where applicable)		Service Residen	itial Comi	mercial	Industrial	Combined	Agricultural
15 COTTA	GE ROAD		Connections 86					
Towns Ser	ved: MONTVILLE		1	1	,	-		
		Monit	oring Requireme	nts				
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)					
Total Co	liform (3100)					1 rou	ıtine (RT) _ا	per quarter
Samı	oling Point (Sampling Point II	D)	Monitor	ing Period	Collec	ction Period	Compli	ance Status
Selec	t from Inventory of Active Sa	mpling Points	10/1/18	- 12/31/18	3		Co	mplete
			4/1/19	- 6/30/19				
			7/1/19	- 9/30/19				
-	Parameters (PPS)	- •						per quarter
•	oling Point (Sampling Point II	•		ing Period		ction Period		ance Status
Selec	t from Inventory of Active Sa	mpling Points		- 12/31/18	3		Со	mplete
				- 6/30/19				
Motor Cu	stom Facility FNTDV DOL	NT (MCF ID: 00700)		- 9/30/19				
-	stem Facility: ENTRY POI	N1 (W3F ID: 00700)					wasstina /D	T\
	And Nitrite (NOX) pling Point (Sampling Point II	n)	Monitori	ing Period	Collec	ı ction Period	=	T) per year ance Status
_	RY POINT (3)			12/31/18	Conec	ction remou		mplete
21411	(110)(1(3)			12/31/19				mpiece_
				12/31/20				
		Other C	ompliance Sched					
Complian	ce Schedule Activity		-	Due Date		Achieved	Date	
SEASONAI	L START UP COMPLETION			5/1/2019				
	Wat	ter System Facil	ity and Sampling	Point I	nvento	ory		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliforn		_	Stage
Facility ID		ID	Description	Statu		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
			WITHIN 5 SERVICE COI					
00700	ENTRY ROUTE	UPSTREAM	WITHIN 5 SERVICE COI					
00700	ENTRY POINT	3	ENTRY POINT	Α .				
22790	WELL	2	WELL	Α				
TP01	TREATMENT PLANT							
		Con	tact Information	1				
Name		0	rganization				Job Title	
Ms. Valer	ie B. Hornat	La	aurel Lock Campground		Pa	artner		

				Contact	Inf	ormation				
Name				Organiz	ation				Job Title	
Ms. Valerie B. Horr	nat			Laurel L	Lock C	Campground		Partner		
Mailing Address Lin	e One		Mailing A	Address Line	Two			City	State	Zip Code
15 Cottage Road							Oakdale		СТ	06370
Business Phone	Extension	Fax		Mobile Pho	one	Emergency Phone	Email Ad	ddress		
860-859-1424		860-859-	1424			860-213-1159				
Contact Role(s): A	dministrativa	Contact								

C	onnectic	ut Depa	rtmen	t of Public	: H	ealth	Drir	ıking	g Watei	: Se	ction	
	Wat	ter Qua	lity Mo	nitoring a	nd	l Com	plia	nce S	Schedu	le		
PWS ID P	WS Name						Classif	ication	Population	Owr	ner Type	Primary Sour
CT0860494 LA	AUREL LOCK CA	MPGROUNI	D-COTTAG	E/LAKE WELL			N	С	25		Р	GW
Local Address (who	ere applicable)			Service		Resident	ial Co	mmerci	al Industr	ial	Combine	d Agricultui
15 COTTAGE ROAD)			Connectio	ns	86						
Towns Served: MC	NTVILLE			1			'		1			
Name				Organization							Job Title	<u> </u>
Mr. William And N	/lary Breda			Laurel Lock Ca	amp	gound			Owners			
Mailing Address Li	ne One		Mailing A	ddress Line Two					City		State	Zip Code
15 Cottage Road								Oakda	le		СТ	06370
Business Phone	Extension	Fax		Mobile Phone	Em	ergency	Phone	Email A	Address			
860-859-1424		860-859-2	1424		8	360-859-2	2803					
Contact Role(s): L	egal Contact, C	Owner	1		-							

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artmen	t of Public H	Health 1	Drinki	ng Water S	ection	
	Water Qu	ality Mo	nitoring an	d Com	pliance	e Schedule		
PWS ID	PWS Name		<u> </u>		Classificatio			imary Source
CT0860594	CAMP OAKDALE LARGE PA	AVILLION			NC	25	Р	GW
Local Address (where applicable)		Service	Residenti	al Comme	ercial Industrial	Combined	Agricultural
OXOBOXO DAN	Л ROAD		Connections	1				
Towns Served:	MONTVILLE					1	1	
		Mo	onitoring Requ	uiremen	its			
Water System	r Facility: DISTRIBUTION	SYSTEM (V	VSF ID: 00600)					
Total Colifor	• •					1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collection Perio	d Complia	ance Status
Select fro	m Inventory of Active Sampli	ng Points		10/1/18 - 1				mplete
				4/1/19 - 6	-		Cor	mplete
				7/1/19 - 9	9/30/19			
-	emeters (PPS)				5		outine (RT) p	-
	Point (Sampling Point ID)	n = Dainta		Monitorin		Collection Perio	•	ance Status
Select Irol	m Inventory of Active Sampli	ng Points		10/1/18 - 1 4/1/19 - 6				mplete mplete
				7/1/19 - 9	•		COI	iipiete
Water System	r Facility: ENTRY POINT	(WSE ID: 00	700)	7/1/19-3	7,30,19			
	Nitrite (NOX)	(W3F ID. 00	700)				1 routine (R	T) por voar
	Point (Sampling Point ID)			Monitorin	a Period	Collection Perio	-	ince Status
ENTRY PO				1/1/18 - 1		4/1-12/31		mplete
2.(1.(1.)	(3)			1/1/19 - 1		4/1-12/31		mplete
				1/1/20 - 1		4/1-12/31		<u></u>
		Oth	er Compliance			· ·		
Compliance Sci	hedule Activity		•		ue Date	Achieve	d Date	
	ANITARY SURVEY			4,	/6/2019			
CORRECTIVE A	CTION/CORRECTIVE ACTION	PLAN			/5/2019			
		Public	Notification F					
			Compliance	Notice		c Notification	PN Certi	ification
Violation/Situa	ation		Period	Tier	Require			Received
REVISED TOTAL	COLIFORM RULE (RTCR)		4/2/17 - 4/23/18	3	12/6/20		12/16/2018	1/31/2019
	Water	System F	acility and Sa	mpling I	Point In	ventory		
Water		•	•			Total Lead ar	nd	
System Wat	ter System Facility	Sampling I	Point Sampling Po	int		Coliform Coppe	r	Stage
Facility ID		ID	Description		Status	Rule Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ		
			EAM WITHIN 5 SE		Α			
		UPSTREA	AM WITHIN 5 SE	RVICE CON	Α			
00700 ENT	RY POINT	3	ENTRY POIN	Γ	Α			
22848 WEI	L #1	2	WELL #1		Α			
			Contact Infor	mation				
Name			Organization				Job Title	

Montville Public Works

Mailing Address Line Two

Mobile Phone

Director

City

Uncasville

Emergency Phone Email Address

State

 CT

Zip Code 06382

Mr. Donald Bordeau

Business Phone

Mailing Address Line One

310 New London Turnpike

Extension

Fax

	Connectic	ut Departme	ent of	Public H	lealth	Dri	inking	g Water	Section	
	Wat	ter Quality M	Ionito	oring and	d Con	npli	ance S	Schedul	e	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT0860594	CAMP OAKDALE	LARGE PAVILLION					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	Commerci	al Industri	al Combine	ed Agricultural
OXOBOXO DAM	ROAD			Connections	1					
Towns Served: N	10NTVILLE							·		
860-848-7473		860-848-7393	860-62	25-3409	860-848	-3974	campo	akdale@mo	ntville-ct.org	
Contact Role(s):	Administrative	Contact, Legal Conta	act, Own	er			·			

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	enartment	of Public H	ealth	Drin	king	water	Sec	tion	
		•	nitoring and			•	_		CIOII	
PWS ID	PWS Name	guarrey 1.101	meoring and	u dom			Population		er Type Pr	imarv Sour
CT0860614	CAMP OAKDALE BALLFI	ELDS			N		25		P	GW
Local Addres	s (where applicable)		Service	Resident	tial Co	nmerc	ial Industria	al C	ombined	Agricultur
SIMPSON LA	NE		Connections						1	
Towns Serve	d: MONTVILLE		1							1
		Mor	nitoring Requ	ireme	nts					
Water Syste	em Facility: DISTRIBUTIO	ON SYSTEM (W	SF ID: 00600)							
Total Colife	orm (3100)						1	routi	ine (RT) p	er quarte
Samplin	g Point (Sampling Point ID)			Monitorii	ng Perio	od C	Collection Per	riod	Complic	ince Status
Select fi	om Inventory of Active Sam	pling Points		4/1/19 -	6/30/1	9			Cor	mplete
				7/1/19 -	9/30/1	9				
-	rameters (PPS)						1	routi		er quarte
	g Point (Sampling Point ID)			Monitorii			Collection Per	riod		ince Status
Select fi	om Inventory of Active Sam	pling Points		4/1/19 -					Cor	mplete
				7/1/19 -	9/30/1	9				
•	em Facility: ENTRY POIN	T (WSF ID: 007	00)							
	d Nitrite (NOX)								=	T) per yea
	g Point (Sampling Point ID)			Monitorii			Collection Per	riod		ince Status
ENTRY I	POINT (3)			1/1/18 - :			4/1-9/30			mplete
				1/1/19 - :			4/1-9/30		Cor	mplete
		Othou	Compliance	1/1/20 - :		.0	4/1-9/30			
Compliance	Schedule Activity	Other	Compliance		Due Dat	· o	Achie	ved D	nte	
	SANITARY SURVEY				/19/20:		Acme	veu Di	<u>исс</u>	
1231 0113 10	5,441,741,750,142,1	Public N	lotification R							
		i abiic i	Compliance	Notice			lotification		PN Certi	ification
Violation/Sit	uation		Period	Tier			Performe	d Du		
	AL COLIFORM RULE (RTCR)	4	4/2/17 - 4/23/18	3		9/2018			2/9/2018	1/31/2019
	, ,		cility and Sar	npling						
Water		, , , , , , , , , , , , , , , , , , , ,		1 0			otal Lead	and		
	ater System Facility	Sampling Po	int Sampling Poi	nt			liform Cop _l			Stag
Facility ID		ID	Description		Sta	tus F	Rule Rule	Tier A	Asbestos	WQP 2 DBI
00600 D	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A		Υ			
		DOWNSTRE	AM WITHIN 5 SER	VICE CON	1 4					
		UPSTREAM	И WITHIN 5 SER	VICE CON	I A	L				
00700 Ef	NTRY POINT	3	ENTRY POINT		Α	1				
22850 W	ELL #1	2	WELL #1		Α	1				
57420 PI	RESSURE STORAGE									
		С	ontact Inforr	nation						
Name			Organization					J	Job Title	
Mr. Donald I	Bordeau		Montville Public	Works			Director			
Mailing Addr	ess Line One	Mailing Add	ress Line Two				City		State	Zip Code

Mobile Phone

860-625-3409

Fax

860-848-7393

310 New London Turnpike

Extension

Business Phone

860-848-7473

campoakdale@montville-ct.org

Uncasville

Emergency Phone Email Address

860-848-3974

CT

06382

Connecticut Department of Public Health Drinking Water Section						
	Water Quality Monitorin	ng and Compliance Schedule				
PWS	Name	Classification Population Owner Type Prin				

PWS ID	S ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0860614	CAMP OAKDALE BALLFIELDS		NC	25	Р	GW	
Local Address (where applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
SIMPSON LANE		Connections				1	

Towns Served: MONTVILLE

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name						Population	Owner Type	Primary Source
CT0860624 CALVARY CHAPEL (ANNEX) SOUTHEASTERN CT					NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
126 SHARPS RO	Connections					1		

Towns Served: MONTVILLE

Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inve	entor	У
_		

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility II	D	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22858	WELL #2	2	WELL #2	Α					

61118 CALVARY TREATMENT PLANT

			Co	ontact Inf	ormation					
Name				Organization	1			Job Title	,	
Mr. Joe Paskewich			Calvary Chap	el of Sect		Lead Pastor				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
126 Sharp Hill Road						Uncasvil	le	СТ	06382	
Pusiness Phone Extension Fax				shila Dhana	Emorgoney Dhono	Email Address				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Lubiic Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name Classification Population Owner Type Primary Source												
CT0860624 CALVARY CHAPEL (ANNEX) SOUTHEASTERN CT NC 25 P GW												
Local Address (w	Resider	ntial C	Commerc	ial Industri	al Combin	ed Agricultural						
126 SHARPS ROA	ND			Connections	;				1			
Towns Served: N	10NTVILLE							,				
DUSITIESS FITOTIO	LACEIISIOII	ιαλ	IVIODII	e Filone L	mergency	y r non	E LIIIaii A	Auul ess				
860-848-7400		860-848-2899										
Contact Role(s):	Administrative	Contact, Legal Cont	act									

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Commontiant		: Db.l: - 11	المماليا.	Desire	1-2	~ \ \ \ \ \	- to C	o obli s s			
	Connecticut De	•				•	_		ection			
DIAIC ID		uality Monit	oring and	u Com					-	D : C		
PWS ID	PWS Name									Primary Source		
CT086063				5	N(.5	Р	GW		
	ress (where applicable)		Service Connections	Resident	tial Cor	mmerc	ial In	dustrial	Combine	d Agricultur		
1588 ROU			Connections			1						
Towns Ser	ved: MONTVILLE	Monite	oring Bogu	iromo	ata							
Mater Sv	stem Facility: DISTRIBUTIO		oring Requ	iiremei	nts							
	liform (3100)	NV 3131EIVI (VV3I I	D. 00000j					1 rc	outine (RT) per quarter		
	oling Point (Sampling Point ID)			Monitorii	na Perio	od (Collecti	ion Perio	- -	liance Status		
	t from Inventory of Active Sam	pling Points		10/1/18 -						Complete		
30.00	e nom mivement y or means burn	pinig i onito	·	1/1/19 -						Complete		
				4/1/19 -								
				7/1/19 -								
Dhysical	Parameters (PPS)			7/1/13	<i>3</i> / <i>30</i> / 1.	,		1 rc	utino (PT) per quarter		
-	pling Point (Sampling Point ID)			Monitorii	na Perio	nd (Collecti	ion Perio	- -	oliance Status		
	t from Inventory of Active Sam	nling Points		10/1/18 -				Complete				
30100	e nom inventory of Active Jum	piiiig i oiiits		1/1/19 -						Complete		
				4/1/19 -						Jonipiete		
				7/1/19 -								
Mator Cu	stem Facility: ENTRY POIN	T (\MSE ID: 00700\		//1/19-	9/30/1	9						
	•	i (W3F ID. 00700)							l voutino l	(DT) man waar		
	And Nitrite (NOX)			Monitoriu	oa Doric	.d /	Callact			(RT) per year		
	oling Point (Sampling Point ID)			Monitoring Period Collection Period						Compliance Status Complete		
EINIK	Y POINT (3)			1/1/18 - 12/31/18 1/1/19 - 12/31/19						complete		
		Other C	ompliance	1/1/20 - :		20						
Compliand	ce Schedule Activity	Other C	omphance		uies Due Dat	· o		Achieve	d Date			
	TO SANITARY SURVEY				/12/201			Acmere	Date			
KESI OND		r System Facili	ity and Sar		•		nto	`\				
Water	vvate	a System racin	ity and Jai	iihiiile	ı omi		otal	Y Lead an	d			
System	Water System Facility	Sampling Point	Samplina Poi	nt			otai liform			Stage		
Facility ID		ID	Description		Ctor		Rule			s WQP 2 DBF		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTFM	Star A	LUS	Υ			, ====.		
- 3000	5 2	DOWNSTREAM					-					
		UPSTREAM	WITHIN 5 SER									
00700	ENTRY POINT	3	ENTRY POINT		Α							
22927	WELL #1	2	WELL		Α							
22321	VV LLL #1		tact Inforr	nation	A	`						
Name				iiatiUil					Job Title			
Name Mr. Laure	n Ponaldi		rganization etty				Ow	ner	שוווו מסנ	-		
	ddress Line One	Mailing Address							State	Zip Code		
ivialiling AC	Juless Lille Offe	ivianing Address	S LITTE TWO	o City					State	Zip Code		

Mobile Phone

860-287-0270

Oakdale

Emergency Phone Email Address

860-859-0811

CT

06370

612 Route 82

Business Phone

860-859-2613

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-589-2613

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Commentions	Water Quarty Fromtering and compliance beneaute										
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult	PWS ID PWS Name					ssification	Population	Owner Type	Primary Soul		
Compatible	CT0860634	RENALDIS ONE STOP		NC	25	Р	GW				
1588 ROLLTE 85 Connections 1	Local Address (w	Service	Resider	ntial	Commercial Indus		al Combine	ed Agricultu			
1500 NOTE 05	1588 ROUTE 85		Connections			1					

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecti	cut Dena	rtment of	Public F	lealth	Dri	nking	g W	ater	Se	ction		
		•	lity Monit				•						
PWS ID	PWS Name	ater quar	itey 1.10111e	oring an	u don	_		_		Owner Type P		Primary	Source
CT086065		ROD & GUN CL	UB				NC	-	25		P	GV	
	ress (where applicable			Service	Residen		ommerc						cultura
	OXO DAM ROAD	-		Connections			1				1		
	ved: MONTVILLE												
			Monito	oring Requ	ıireme	nts							
Water Sy:	stem Facility: DIS	TRIBUTION SY	STEM (WSF I										
	liform (3100)		•	•					1	rou	tine (RT)	per au	Jarter
	oling Point (Sampling	Point ID)			Monitori	ing Per	riod (Collect	tion Pe			liance S	
	t from Inventory of A	-	Points		10/1/18 -							omplete	
	,	, ,			1/1/19 -							omplet	
					4/1/19 -							•	
					7/1/19 -								
Physical	Parameters (PPS)								1	rou	tine (RT)	per qu	uarter
_	oling Point (Sampling	Point ID)		Monitoring Period Collection							Complete Complete		
Selec	t from Inventory of A	Points		10/1/18 -	12/31	/18				С	omplet	e	
				1/1/19 -	3/31/	19				С	omplet	e	
					4/1/19 -	6/30/	19						
					7/1/19 -	9/30/	19						
Water Sy:	stem Facility: ENT	RY POINT (W	/SF ID: 00700)										
Nitrate A	And Nitrite (NOX)									1 ו	outine (RT) pe	r year
Samp	oling Point (Sampling	Point ID)			Monitori	ing Per	riod (Collect	tion Pe	riod	Comp	liance S	tatus
ENTR	Y POINT (3)				1/1/18 -	12/31,	/18				С	omplet	e
					1/1/19 -	12/31,	/19						
					1/1/20 -	12/31,	/20						
		Water Sv	stem Facili	tv and Sar	mpling	Poir	nt Inve	ento	rv				
Water				· • · · · ·	1 0			otal	Lead	and			
	Water System Facili	ty S	Sampling Point	Sampling Poi	nt			ota. Iiform					Stage
Facility ID			ID	Description		St	atus l	Rule	Rule	Tier	Asbestos	WQP	2 DBP
00600	DISTRIBUTION SYSTE	EM	4	DISTRIBUTIO	N SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5 SEF	RVICE COI	V	Α						
			UPSTREAM	WITHIN 5 SEF	NOS asivi	V	Α						
00700	ENTRY POINT		3	ENTRY POINT	•		Α						
23046	WELL #1		2	WELL #1			Α						
			Con	tact Infori	mation								
Name			01	rganization							Job Title		
Mr. Jack S	anto			uaker Hill Rod	& Gun Cli	ub		Pre	esident				
	ddress Line One	s Line Two					City		State	Zip C	ode		
	oxo Dam Rd	PO Box 80		Oakdal							063		

Emergency Phone | Email Address

Mobile Phone

Business Phone

860-608-4395

Extension

Contact Role(s): Legal Contact, Owner

Fax

(Connecticut Department of Public Health Drinking Water Section											
	Wate	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	e			
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0860654	QUAKER HILL ROD	& GUN C	LUB			N	С	25	Р	GW		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural												
261 OXOBOXO DAM ROAD Connections 1 1												
Towns Served: Mo	ONTVILLE				,			,	,			
Name				Organization					Job Title			
Mr. Jeff Urgitis				Quaker Hill R	od & Gun Cl	ub		President				
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code		
261 Oxoboxo Dan	n Rd		PO Box 80				Oakdale	9	СТ	06370		
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress				
860-705-1807							info@q	uakerhillro	dandgunclub.	org		
Contact Role(s):	Administrative Co	ntact										

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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		icut Depa									ction	
		later Qual	ity Monit	oring an	a Com	_				_		
PWS ID	PWS Name					Class	sificati	ion Po	pulation	Owr	ner Type P	rimary Source
CT086066	4 NATURES AR	Т					NC		25		Р	GW
Local Addı	ress (where applicab	ole)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agricultural
1650 HAR	TFORD NEW LONDO	N TURNPIKE (RT	85	Connections			2	2				
Towns Ser	ved: MONTVILLE											
			Monito	oring Requ	iireme	nts						
Water Sy	stem Facility: DIS	STRIBUTION SY	STEM (WSF I	D: 00600)								
Total Co	liform (3100)								1	l rou	tine (RT)	per quarter
Samp	oling Point (Samplin	g Point ID)			Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
Selec	t from Inventory of	Active Sampling	Points		10/1/18 -	12/3	1/18				Co	mplete
		· · ·			1/1/19 -							mplete
					4/1/19 -							mplete
					7/1/19 -							
Physical	Parameters (PPS)								1	l rou	tine (RT)	per quarter
_	oling Point (Samplin				Monitori	ng Pe	eriod	Colle	ection Pe			ance Status
	t from Inventory of			10/1/18 -							mplete	
	,	1 0		1/1/19 -							mplete	
					4/1/19 -							mplete
					7/1/19 -							
Water Sv	stem Facility: EN	TRY POINT (W	/SF ID: 00700)		., _, _,	3,33	, =5					
•	And Nitrite (NOX)									1	routino (P	T) per year
	oling Point (Samplin				Monitori	na Da	priod	Colle	ection Pe		·=	ance Status
-	RY POINT (3)	g r ollit ibj			1/1/18 -			Conc	ection re	Hou		mplete
LININ	AT POINT (3)				1/1/19 -							mplete
							•				CO	inpiete
					1/1/20 -							
		Water Sy	stem Facili	ity and Sar	npling	Poi	nt Ir	ivent	ory			
Water								Tota				
	Water System Facil	lity S	Sampling Point		nt			Colifor				Stage
Facility ID			ID	Description			tatus	Rule	e Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYST		4	DISTRIBUTIO			Α	Υ				
		1	DOWNSTREAM	WITHIN 5 SEF	RVICE CON	N	Α					
			UPSTREAM	WITHIN 5 SEF	RVICE CON	N	Α					
00700	ENTRY POINT		3	ENTRY POINT			Α					
23094	WELL #1		2	WELL #1			Α					
54643	TREATMENT PLANT	Ī										•
			Con	tact Infori	nation							
Name			0	rganization							Job Title	
				J				_				

Mailing Address Line Two

Mobile Phone

President

roger@naturesartvillage.com

State

СТ

Zip Code

06370

City

Oakdale

Emergency Phone Email Address

860-443-4367

Mr. Roger L. Phillips

Business Phone

860-443-4367

1650 Route 85

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-443-0253

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer Quality 1101	110011118 6111	0. 0011	p.	1011100	701100101		
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ0860664	NATURES ART			NC	25	Р	GW	
Local Address (v	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
1650 HARTFORD	Connections			2				
			1		1			

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS ID PWS Name** Classification | Population | Owner Type | Primary Source CT0869104 **1434 ROUTE 85** NC 44 GW Local Address (where applicable) Residential Commercial Industrial Service Combined Agricultural

	(Connections		1				0
Towns Sei	rved: MONTVILLE			I					
		Monito	oring Requ	uirement	S				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
Total Co	liform (3100)						1 ro	utine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	l Complic	ance Status
Selec	ct from Inventory of Active Samp	oling Points		10/1/18 - 12	/31/18			Coi	mplete
			1/1/19 - 3/31/19						mplete
				4/1/19 - 6/3	30/19			Coi	mplete
				7/1/19 - 9/3	30/19				
Physical	Parameters (PPS)							utine (RT) p	er quarter
Samj	pling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	l Complic	ance Status
Selec	Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete								mplete
		1/1/19 - 3/31/19 Complete							
	4/1/19 - 6/30/19 Complete								mplete
				7/1/19 - 9/	30/19				
Water Sy	stem Facility: ENTRY POINT	T (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	. routine (R	T) per year
_	pling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	l Complic	ance Status
ENTF	RY POINT (3)			1/1/18 - 12/				Coi	mplete
				1/1/19 - 12/	31/19			Coi	mplete
				1/1/20 - 12/	/31/20				
		Other Co	ompliance	Schedul	es				
Complian	ce Schedule Activity			Due	Date		Achieved	l Date	
CROSS CO	NNECTION EXEMPTION			3/1	/2019				
RESPOND	TO SANITARY SURVEY			4/11	L/2019				
	Wate	r System Facili	ty and Sai	mpling Po	oint In	vento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		int		Coliform			Stage
Facility ID)	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	CLF4	DISTRIBUTIO	N	Α				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	•	Α				
51439	WELL 1	2	WELL 1		Α				
51443	PRESSURE TANK								

			Co	ntact Info	ormation				
Name				Organization Job Title					
Mastelo LLC									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
870 Vauxhall St Ext						Quaker H	Hill	СТ	06375
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		

61268

TREATMENT PLANT

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qual	lity N	Ionito	oring a	nd Con	nplia	nce S	chedul	.e		
PWS ID F	WS Name						Classif	cation F	opulation	Owne	r Type	Primary Source
CT0869104 1	1434 ROUTE 85						N	С	44	ı	Р	GW
ocal Address (wh	ere applicable)	Service	Residen	tial Co	mmercia	l Industri	al C	ombine	d Agricultural			
	Connections							1				
Towns Served: Mo	ONTVILLE				1	'				'		
Contact Role(s):	Owner											
Name				Org	ganization					J	ob Title	<u> </u>
Mr. Jason Pope				Ece	9				Owner			
Mailing Address Line One Mailing Address Line Two City State Zip Code							Zip Code					
921 Vauxhall Street Extension								Quaker	Hill		СТ	06375
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	ddress			
		888-505-0	0851	860-62	25-2311			jason@	thepopetea	am.con	n	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut I	Department of	f Public Health	Drink	ing W	ater Se	ection	
		•	toring and Com					
PWS ID	PWS Name	Quality Monn	ornig and con				ner Tyne D	rimary Source
CT086905		SERVICE DI A7A		NC		124	S	GW
	lress (where applicable)	JERVICE I EALA	Service Resident			ndustrial	Combined	
	JTHBOUND		Connections	ciai Coiiii	nereiai i	naastriai	1	7 ignicalitatat
	rved: MONTVILLE							
		Monit	oring Requireme	nts				
Water Sy	stem Facility: DISTRIBUT	TION SYSTEM (WSF	D: 00600)					
Total Co	oliform (3100)		·			1 rou	ıtine (RT)	per quarter
	pling Point (Sampling Point I	D)	Monitorii	ng Period	Collec	tion Period		iance Status
Selec	ct from Inventory of Active Sa	ampling Points	10/1/18 -	12/31/18			Co	mplete
			1/1/19 -	3/31/19			Co	mplete
			4/1/19 -	6/30/19				
7/1/19 - 9/30/19								
Physical	Parameters (PPS)					1 rou	ıtine (RT)	per quarter
Sam	pling Point (Sampling Point I	D)	Monitorii	Compliance Status				
Selec	ct from Inventory of Active Sa	ampling Points	10/1/18 -	12/31/18			Co	mplete
			1/1/19 -	3/31/19			Co	mplete
			4/1/19 -	6/30/19				
			7/1/19 -	9/30/19				
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	routine (F	RT) per year
Sam	pling Point (Sampling Point I	D)	Monitorii	ng Period	Collec	tion Period	Compli	iance Status
ENTF	RY POINT (3)		1/1/18 - :					mplete
			1/1/19 - :				Co	mplete
			1/1/20 - :	12/31/20				
	Wa	ter System Facil	ity and Sampling	Point I	nvento	ry		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform			Stage
Facility ID		ID	Description	Status		Rule Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTREM		Υ			
		4-4	GENERATED BY BATCH		Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α				
101	BOOSTER PUMPS							
248	TREATMENT PLANT							
555	ATM STORAGE TANK							
WELL 1	WELL 1	2	1	Α				
		Cor	tact Information					
Name		0	rganization				Job Title	
Mr. Danie	el Smachetti	С	onnecticut Dot		Ch	ief of Engin	eering	
Mailing A	ddress Line One	Mailing Addres	s Line Two			itv	State	7in Code

State Mailing Address Line One Mailing Address Line Two City Zip Code 2800 Berlin Turnpike Room 2448 CT 06111 Newington **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-594-2222 860-594-2255 daniel.smachetti@po.state.ct.us Contact Role(s): Administrative Contact

(Connecticu	t Depa	rtment of	Public	Health	Drir	nking	Water	Section	
	Wate	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0869054	395 SOUTHBOU	ND SERVIC	E PLAZA			N	IC	124	S	GW
Local Address (wh	ere applicable)			Service	Resider	tial Co	mmercia	al Industri	al Combine	ed Agricultural
I-395 SOUTHBOUND				Connection	S				1	
Towns Served: Mo	ONTVILLE				·				·	
Name			Oi	rganization					Job Titl	e
Mr. James P. Red	eker		De	epartment of	Transport	ation		Commissi	oner	
Mailing Address L	ine One		Mailing Address	s Line Two				City	State	Zip Code
2800 Berlin Turnp	ike			Newington CT						06111
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddress		
860-594-3000					860-594	-3000				
Contact Role(s):	Legal Contact		,				1			

Contact Role(s): Legal Contac

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	ectic	ut Dena	artme	ent of	Public	Health I)rin	king	W	ater S	ection	
			•				nd Comp		_				
PWS ID	PWS Nam		cer qua	illey 1	101110	oring a						vner Type F	rimary Source
CT0869124	THE PAST							N			25	Р	GW
	s (where app					Service	Residentia		mmerci		ndustrial	Combined	_
1630 ROUTE		icabic _j				Connection			3		- Tadastriai	Combined	/ Igricultural
	d: MONTVILL	 F											
		_		ſ	Monito	oring Red	quiremen	ts					
Water Syste	em Facility:	DISTR	IBUTION S				•						
Total Colife	orm (3100)				•	•					1 rc	utine (RT)	per quarter
	ng Point (Sam	pling P	oint ID)				Monitoring	Perio	od C	ollect	ion Perio		iance Status
	rom Inventory			g Points			10/1/18 - 1						omplete
	•						1/1/19 - 3						omplete
							4/1/19 - 6						omplete
							7/1/19 - 9						•
Physical Pa	arameters (I	PPS)									1 rc	utine (RT)	per quarter
_	ng Point (Sam	-	oint ID)				Monitoring	Perio	od C	ollect	ion Perio		iance Status
Select f	rom Inventory	of Acti	Active Sampling Points 10/1/18						18			Co	omplete
							1/1/19 - 3	/31/19	9			Co	omplete
							4/1/19 - 6	/30/19	9			Co	omplete
							7/1/19 - 9	/30/19	9				
Water Syste	em Facility:	ENTR	POINT (\	NSF ID:	00700)								
Nitrate An	d Nitrite (N	OX)									:	L routine (I	RT) per year
Samplin	ng Point (Sam	pling P	oint ID)				Monitoring	Perio	od C	ollect	ion Perio	d Compl	iance Status
ENTRY I	POINT (3)						1/1/18 - 12	/31/1	.8			Co	omplete
							1/1/19 - 12	/31/1	.9			Co	omplete
							1/1/20 - 12	/31/2	20				
			Water S	ystem	Facili	ity and Sa	ampling P	oint	Inve	nto	ry		
Water									To	otal	Lead an	d	
-	/ater System	Facility				Sampling P			Coli	form	Copper		Stage
Facility ID				I.	D	Description	1	Sta	tus R	ule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION	SYSTEM		4	4	DISTRIBUTI	ON SYSTEM	А	١				
				DOWNS	STREAM	WITHIN 5 S	ERVICE CON	А	١				
				UPST	REAM	WITHIN 5 S	ERVICE CON	А	1				
00700 EI	NTRY POINT				3	ENTRY POI	NT	Α	١				
58266 W	/ELL 1				2	WELL 1		Α	١				
					Con	tact Info	rmation						
Name					Oı	rganization						Job Title	
Mr. Roger L.	Phillips									Pre	sident		
Mailing Addr	ress Line One			Mailing	Addres	s Line Two				С	ity	State	Zip Code
1650 Route 8	85								Oakdal	e		СТ	06370
Business P	hone Exte	nsion	Fax		Mobi	le Phone	Emergency P	hone	Email A	Addre	SS		
060 440 4				00=0					1 -				

860-443-4367

roger@naturesartvillage.com

860-443-0253

Contact Role(s): Administrative Contact, Legal Contact

860-443-4367

	- î.				1	1		
Water Quality Monitoring and Con	npl	iaı	nce	Sch	ıedu	le		
Connecticut Department of Public Health	Dr	cin	king	g W	<i>l</i> ater	Sec	ction	1

	Tracer & didirey 1 1011100	911118 6111	0. 0011	- P		701100101		
PWS ID PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0869124	THE PAST		NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
1630 ROUTE 85		Connections			3			

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End of schedule

	_	_					_	_					
		Department of							tion				
	Water	Quality Monit	oring and	d Comp	lianc	<u>e Scł</u>	nedule	<u> </u>					
PWS ID	PWS Name			Cla	assificati	on Pop	oulation	Owne	er Type Pri	mary Source			
СТ086913	WIDE WORLD OF INC	OOOR SPORTS			NC		25		Р	GW			
Local Add	ress (where applicable)		Service	Residential	Comm	ercial	Industria	l C	ombined	Agricultural			
2 SACHAT	ELLO INDUSTRIAL DRIVE		Connections						1				
Towns Sei	rved: MONTVILLE												
		Monito	oring Requ	irement	S								
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)										
Total Co	oliform (3100)						1	routi	ine (RT) p	er quarter			
Sam	pling Point (Sampling Point	ID)	ı	Monitoring I	Period	Colle	ction Peri	od	Complia	nce Status			
Selec	ct from Inventory of Active S	ampling Points	1	.0/1/18 - 12	/31/18				Complete				
				1/1/19 - 3/3	31/19				Con	nplete			
				4/1/19 - 6/3	30/19								
				7/1/19 - 9/3	30/19								
Physical	Parameters (PPS)						1	routi	ine (RT) p	er quarter			
Sam	pling Point (Sampling Point	ID)	ı	Monitoring	Period	Colle	ction Peri		ine (RT) per quarter Compliance Status Complete				
Selec	ct from Inventory of Active S	ampling Points	1	.0/1/18 - 12	/31/18				Con	nplete			
				1/1/19 - 3/31/19 Co					Con	nplete			
			4/1/19 - 6/3	30/19									
				7/1/19 - 9/3	30/19								
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)											
Nitrate A	And Nitrite (NOX)							1 rc	outine (R1	「) per year			
Sam	pling Point (Sampling Point	ID)	1	Monitoring I	Period	Colle	ction Peri		=	nce Status			
ENTF	RY POINT (3)			1/1/18 - 12/	31/18				Con	nplete			
			1/1/19 - 12/31/19										
				1/1/20 - 12/	31/20								
	Wa	iter System Facili	ity and San	npling Po	oint In	vent	ory						
Water						Total	Lead a	nd					
System	Water System Facility	Sampling Point		nt		Colifori				Stage			
Facility ID)	ID	Description		Status	Rule	Rule 1	ier 1	Asbestos I	NQP 2 DBPF			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α								
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α								
		UPSTREAM	WITHIN 5 SER	VICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT		Α								
59824	WELL #2	2	WELL #2		Α								
59828	BLADDER TANKS												
		Con	tact Inforn	nation									
Name		0	rganization						Job Title				

Mr. Stephen Sangermano Wide World of Indoor Sports Owner City Mailing Address Line One Mailing Address Line Two State Zip Code 621 Pond Hill Road North Smithsfield RΙ 02896 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 401-225-6040 steves@wideworldofindoorsports.com Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	vvacci Quality 14101111	or mg am	u uon	ipilanee	ociica a	i C	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0869134 WIDE WORLD OF INDOOR SPORTS					25	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combine	ed Agricultural
2 SACHATELLO	Connections				1		
		•				•	

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	ut Departme	nt of	Public	Health I)rin	king \	Wate	er Se	ection	
		Wat	ter Quality M	onit	oring a	nd Comr	oliai	nce So	hedi	ule		
PWS ID	PW	/S Name	good Constant		0						ner Type I	Primary Source
CT0869144		IENTAL BAR 8	& GRILL				NO		37		Р	GW
		e applicable)			Service	Residentia		nmercial	Indus	trial	Combined	
20001710010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- appcas.c)			Connection			1				7.8
Towns Serv	ed: MON	JTVILLE										
			N	lonite	oring Red	quiremen	ts					
Water Sys	tem Fac	ility: DISTR	IBUTION SYSTEM			<u>.</u>						
Total Coli		•		•	•					1 ro	utine (RT)	per quarter
	-	t (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection l			liance Status
_			ive Sampling Points			10/1/18 - 1						omplete
		·	, ,			1/1/19 - 3						omplete
						4/1/19 - 6						•
						7/1/19 - 9						
Physical P	aramet	ers (PPS)								1 ro	utine (RT)	per quarter
-		t (Sampling Po	oint ID)			Monitoring	Perio	d Coll	ection l			liance Status
Select	from Inv	entory of Acti	ve Sampling Points			10/1/18 - 1	2/31/2	18			С	omplete
						1/1/19 - 3	/31/19	9			С	omplete
						4/1/19 - 6	/30/19	9				
						7/1/19 - 9	/30/19	9				
Water Sys	tem Fac	ility: ENTR	Y POINT (WSF ID:	0700)								
Nitrate A	nd Nitri	te (NOX)								1	routine (RT) per year
Sampl	ing Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection l	Period	Comp	liance Status
ENTRY	POINT (3)				1/1/18 - 12	/31/1	8			С	omplete
						1/1/19 - 12	/31/1	9				
						1/1/20 - 12	/31/2	0				
			Water System	Facili	ity and S	ampling P	oint	Inven	tory			
Water								Tota	al Lea	ad and	ı	
-	Water Sy	stem Facility	•		Sampling F			_	rm Co			Stage
Facility ID			IE		Description		Stat	tus Rul	e Ru	le Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM				ION SYSTEM	Α					
						SERVICE CON	Α					
			UPSTR	EAM	WITHIN 5 S	SERVICE CON	А	1				
00700 I	ENTRY P	TNIC	3		ENTRY POII	NT	Α					
60386	WELL 1		2		WELL 1		Α					
				Con	tact Info	rmation						
Name				0	rganization						Job Title	
Mr. Jason L	.in			0	riental Bar &	k Grill						
Mailing Add	dress Lin	e One	Mailing	Addres	s Line Two				City		State	Zip Code
5 Lost Acres	s Road							Norwich			СТ	06360
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dress			

JasonLin869@gmail.com

860-334-3368

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health	Drinking	g Water	Sect	tion	
Water Quality Monitoring and Com	ipliance S	Schedul	e		
			_		

	Traces Quality 1101110	911118 6111	0. 0011	p.	1011100	01100101		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0869144 ORIENTAL BAR & GRILL					NC	37	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Department (of Public H	lealth	Drii	nking	g Wa	ater :	Sec	tion	
	Wat	ter Quality Mon	itoring and	d Com	nlia	ince :	Sche	edule	2		
PWS ID	PWS Name	voi Quinity i i o i i								er Type P	rimary Source
CT086915						NC		25		P	GW
	ress (where applicable)		Service	Resident		ommerc	1	ndustria	I C	Combined	_
2000171001	(Connections			1					7.6
Towns Ser	ved: MONTVILLE										
		Moni	itoring Requ	ıiremeı	nts						
Water Sy	stem Facility: DISTR	RIBUTION SYSTEM (WSI	F ID: 00600)								
Total Co	liform (3100)	·						1	routi	ine (RT)	per quarter
	oling Point (Sampling P	oint ID)		Monitorin	ng Peri	iod (Collecti	ion Peri			ance Status
	t from Inventory of Act	-		10/1/18 -	_						mplete
	,	1 0		1/1/19 -							<u>'</u>
				4/1/19 -							
				7/1/19 -							
Physical	Parameters (PPS)			, , -	, ,			1	routi	ine (RT)	per quarter
-	oling Point (Sampling P	oint ID)		Monitorii	na Peri	iod (Collecti	ion Peri			ance Status
_	t from Inventory of Act			10/1/18 -							mplete
	, , , , , , , , , , , , , , , , , , ,	1 0		1/1/19 -							<u>'</u>
				4/1/19 -							
				7/1/19 -							
Water Sv	stem Facility: ENTR	Y POINT (WSF ID: 0070	0)	, , -	, ,	-					
	And Nitrite (NOX)		<u>-, </u>						1 r	outina (F	RT) per year
	oling Point (Sampling P	oint ID)		Monitorii	na Peri	iod (Collecti	ion Peri		=	ance Status
	Y POINT (3)			1/1/18 - 1	_		Jonecu	1011 1 611	<u> </u>		mplete
LIVIII	11101111(3)			1/1/19 - 3							mpiete
				1/1/20 - 3							
		Matax Customs Foo						40.4			
		Water System Fac	ility and Sar	npling	Poin	t inve	entor	r y			
Water	Makes Contain English	Canadina Bair	at Camanlina Dai				otal	Lead a			6.
System Facility ID	Water System Facility	Sampling Poli ID	nt Sampling Poil Description	nı	-		iijorm Rule	Copp		Achestos	Stage WQP 2 DBPI
00600	DISTRIBUTION SYSTEM			U CVCTENA		itus	Tuie	Nuie i	161 /	ASDESTOS	WQF Z DDF1
00600	DISTRIBUTION SYSTEM		DISTRIBUTION M WITHIN 5 SER			A ^					
						A					
		UPSTREAM				Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
60414	WELL 1	2	WELL 1			A					
60418	TREATMENT PLANT										
		Co	ntact Inforr	mation							
Name			Organization							Job Title	
Mr. Steph	en Sangermano		Wide World of Ir	ndoor Spo	rts		Ow	ner			
	ddress Line One	Mailing Addr		<u> </u>			Ci	ity		State	Zip Code
621 Pond						North		•		RI	02896

Emergency Phone Email Address

steves@wideworldofindoorsports.com

Mobile Phone

Business Phone

401-225-6040

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health	Dr	in	king	g W	/ater	Se	ction	
Water Quality Monitoring and Com	ıpl	iar	ice :	Sch	iedul	e		
DIAGON.	-01			_	1.00	_		.

			0						
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0869154	NASKART LLC					NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
			Connections			1			

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End of schedule

	Connecticut De	epartment of	Public H	lealth	Drinki	ing W	ater Se	ection	
		uality Monit				_			
PWS ID	PWS Name	<i>, ,</i>	0		*			ner Type P	rimary Source
CT0869164	CAMP OAKDALE MAINT	ENANCE BUILDING			NC		25	Р	GW
Local Address	(where applicable)		Service	Resident	ial Comm	nercial I	ndustrial	Combined	Agricultura
SIMPSON LAN	E		Connections					1	
Towns Served	: MONTVILLE		-	1					
		Monito	oring Requ	iiremer	nts				
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Colifo	rm (3100)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period	Compli	ance Status
Select fro	om Inventory of Active Sam	pling Points		4/1/19 - 4	4/30/19				
				5/1/19 - !	5/31/19				
				6/1/19 - 0	6/30/19				
				7/1/19 - 1					
				8/1/19 - 8					
				9/1/19 - 9					
				10/1/19 - :	10/31/19				
_	ameters (PPS)								per month
	Point (Sampling Point ID)			Monitorin	_	Collec	tion Period		ance Status
Select fro	om Inventory of Active Sam	pling Points		4/1/19 - 4				Co	mplete
				5/1/19 - !					
				6/1/19 - 0					
				7/1/19 - 1					
				8/1/19 - 8					
				9/1/19 - 9					
		_ (10/1/19 - :	10/31/19				
•	m Facility: ENTRY POIN	T (WSF ID: 00700)							
	Nitrite (NOX)					- "			T) per year
	Point (Sampling Point ID)			Monitorin		Collec	tion Period		ance Status
ENTRY P	DINT (3)			1/1/19 - 1				Со	mplete
				1/1/20 - 1					
		Other Co	ompliance						
Compliance S	chedule Activity				ue Date		Achieved	Date	
RESPOND TO	SANITARY SURVEY			5	/5/2019				
	Wate	er System Facili	ty and Sar	npling	Point Ir	rvento	ry		
Water						Total	Lead and	1	
	iter System Facility	Sampling Point		nt		Coliform		. Aab	Stage
Facility ID	TRIBLITION CYCTES 4	ID	Description		Status	Rule	Kule Tiel	ASDESTOS	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	v 2121FM	Α	Υ			

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		9	Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
61274	WELL #2	2	WELL #2	Α					
		Con	tact Information						
Name		0	rganization				Job Title		
Mr. Dona	ld Bordeau	М	Iontville Public Works		Dir	ector			

Zip Code

City

Mailing Address Line Two

Mailing Address Line One

	domicette	at Depar	cificite of	I ubiic i	rcartii	חום	3111111	vvacci	Decemon	
	Wat	ter Quali	ty Monite	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0869164			N	С	25	Р	GW			
Local Address (w	here applicable)	Service	Residen	tial Co	mmerci	al Industri	al Combin	ed Agricultural		
SIMPSON LANE				Connections	S				1	
Towns Served: N	/ONTVILLE				·	·				
310 New Londor	n Turnpike						Uncasy	rille	CT	06382
Business Phon	e Extension	Mobil	le Phone Emergency Phone			Email A	Address			
860-848-7473 860-848-7393 860-625-3409 860-848-3974 campoakd								akdale@mo	ntville-ct.org	

Connecticut Department of Public Health Drinking Water Section

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